

2027 Yokohama City University Graduate School Individual Preliminary Screening Application Form

In accordance with Article 155, Paragraph 1, Item 8 of the Enforcement Regulations of the School Education Act, I respectfully request a preliminary review of my eligibility to apply. I am hereby submitting the necessary documents for your consideration.

I 志願者 Applicant Information

Name	(Family name) (Middle name) (First name)		
Gender	Male / Female	Nationality	
Date of birth	/ / (year/month/day)		Age (as date of enrollment):
Current address			
Tel.	(Home)	(Mobile)	
E-mail	@		
Graduate school, major, and course you wish to apply for (please circle either Master's Program or Doctoral Program)	Graduate School of International Management (Master's Program / Doctoral Program)		

II 学歴 Educational Background

- 注意/Notes : 1) 通学した全ての教育機関（小学校、語学学校等を含む）を年代順に記入すること。
/ List all schools attended (including primary school, language schools, etc.) in chronological order.
2) 書き切れない場合は、任意の用紙に追記し、添付すること。
/ If you run out of space on the form below, please attach extra details on a separate sheet of paper.

学 校 名 Name of school	学校所在地 Location of school	在 学 期 間 Period of attendance	学 位 Degree
	 to	
		(year) (month) (year) (month)	
	 to	
		(year) (month) (year) (month)	
	 to	
		(year) (month) (year) (month)	
	 to	
		(year) (month) (year) (month)	
	 to	
		(year) (month) (year) (month)	
通算修学年数 Total years of education			

Ⅲ 外国語学習歴 (日本語を含む)

Foreign Language Study (including Japanese language courses)

	外国語 Foreign language	履修期間 Period of study (Years)	履修機関 Institution
1.		years	
2.		years	
3.		years	

Ⅳ 日本語能力 (熟達程度を自己評価し、○でかこむこと)

Japanese Proficiency (Evaluate yourself and circle the appropriate proficiency.)

読解力 Reading	優 Excellent	良 Good	可 Fair	不可 Poor
会話力 Speaking	優 Excellent	良 Good	可 Fair	不可 Poor
筆記力 Writing	優 Excellent	良 Good	可 Fair	不可 Poor
理解力 Understanding	優 Excellent	良 Good	可 Fair	不可 Poor

V 職 歴 Occupational Experience

職 場 名 Name of company and / or employer	所 在 地 Location	勤 務 期 間 Period of employment

Ⅵ 支払証明書 Certificate of payment

After completing the payment, kindly submit the original receipt or a copy thereof as proof of remittance.

----- Designated Area for Affixing Documents -----