

JAPAN

STUDENT APPLICATION FORM

Kizuna Project : Pacific - Japan Youth Connection

Instructions

1. Please write the following information **clearly**. You can either post your application form to c/o Kizuna Project Coordinator, Office of the Deputy Vice-Chancellor (Administration & Regional Campuses), University of the South Pacific, Laucala Campus, Fiji; or email to vadapareti_s@usp.ac.fj; or deliver to a USP campus near you.

2. If this form is incomplete, inaccurate or not signed, it will not be considered;

3. The deadline to submit applications is **July 31, 2012.**

	1. Personal I	nformation		* Please fill in the form in BLOCK LETTERS.				
Photo (taken within months).	n 3	Full Name (Exactly the same as your passport)						
Please write your nam		English Given Name		Family Name	N	/liddle Name (if any)	
the back of your pho								
H:4.5×W:3.5cm	Date of Birth	Day/Month/	Year	Sex M	F			
Country of	Cook Islands	Federated States of Micronesia	Fiji	Kiribati	Marshall Is	Nauru	Niue	
Citizenship	Palau	PNG	Samoa	Solomon Is	Tonga	Tuvalu	Vanuatu	
Country Currently	Cook Islands	Federated States of Micronesia	Fiji	Kiribati	Marshall Is	Nauru	Niue	
Residing and Studying in	Palau	PNG	Samoa	Solomon Is	Tonga	Tuvalu	Vanuatu	
Passport	Passport Number			te of Expiry				
*	* You must have a valid pa	assport to be eligible		y/Month/Year	pust 2012.			
	Address	1 0	Te		Fax:			
Current Address			M	obile:	Ema	ail:		
Address								
Parent or H	Full Name			10.0	Rela	tionship		
Contact	Address		Te	1:	Fax:			
Person I in								
Emergency			M	obile:	Ema	ail:		
[*] If you live with him/her, please I leave address blank.	Profession/Occupation							
Ι	Do you have your parents'/guardians' consent to travel to Japan? Yes No							
Consent I	Do you have your school's consent to travel to Japan?				Yes No			
I	Have you traveled outside your country before? Yes No							
2. Academic Details								
Information of M Your School/	Name of Your School/U	Iniversity			Location: (o	city,province)		
	Grade/School Year:	Tel:			Fax:			

Language	Level of English
	Fluent Moderate Basic
3.Health Con	dition
Current Medical Conditions (if any)	Tuberculosis Metabolic Disease (diabetes) Blood disorder Mental illness Cancer Obesity Pregnancy HIV Infection, including AIDS Chronic Lung Disease (asthma, chronic obstructive lung disease etc.) Infectious Diseases Respiratory Disease (requires hospital admission or oxygen therapy) Other medication condition Chronic Heart Disease (congenital heart disease, coronary artery disease etc.)
Medicine	Not taking any medicines Taking medicines regularly Specified
Requirements	None Vegetarian None Vegetarian Food Allergies None Pork Beef Chicken Mutton/Lamb Shellfish Egg
4. Essay	Please answer the two questions in 250 - 300 words. You may attach additional pages as needed.
What do you know about Japan and why do you want to travel to Japan?	
Declaration I hereby certi	fy that the statements made by me in this form are true and correct to the best of my knowledge.

Agreement of the Use of Personal Information

I agree that my personal information in the Application Form provided to the University of the South Pacific will be used only for the purpose of the operation of the Kizuna Project : Pacific - Japan Youth Connection.

Date:

Day/Month/Year