

※整理番号	
※科目等履修生番号	

Application for Part-time Student A/B

College you wish to apply	<input type="checkbox"/> College of Asia Pacific Studies <input type="checkbox"/> College of International Management		Date of Birth	Y / M / D		Date of Application	Y / M / D						
Name						<input type="checkbox"/> Male <input type="checkbox"/> Female	If any, put the name of college which you attend.						
Present Address						TEL							
						FAX							
						e-mail							
Education	High School	Institution					<input type="checkbox"/> Graduated						
	University/ College	Institution		College	Dept.	Major	<input type="checkbox"/> Graduated <input type="checkbox"/> Withdrawal						
	Graduate School	Institution		College	Dept.	Field	<input type="checkbox"/> Completed <input type="checkbox"/> Withdrawal <input type="checkbox"/> Coursework Completed						
Occupation	Company				Occupation			Status	<input type="checkbox"/> Full-time Worker <input type="checkbox"/> Part-time Worker				
	Location						TEL						
Emergency Contact	Name					Relationship							
	Address						TEL						
Study at APU	Year	College	<input type="checkbox"/> Auditor <input type="checkbox"/> Part-time Student (A/B)		Subject	No. of Credits	Photo 2.5cm×3cm taken within the last 3 months						
	Year	College	<input type="checkbox"/> Auditor <input type="checkbox"/> Part-time Student (A/B)		Subject	No. of Credits							
I hereby request permission to become a "Part-time Student" at APU, as per written below and the attached essay.													
Class(es) for Resistration													
Subject (Class)		Credits	Day	Period	Instructor		Subject (Class)		Credits	Day	Period	Instructor	
Total		Subjects:		Credits:		Fee		※納入期日		年 月 日 □			

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所見																
判定	許可・不許可							許可単位数			科目			単位		
許可日	年	月	日	期間	年	月	日	～	年	月	日	受付				
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□		
															許可科目確認	履修科目登録
														課長		
														／		