Application for Part-time Student

整理番号	
大学院科目等履修生番号	

School you wish to apply	☐ Graduate School of Asia Pacific Studies ☐ Graduate School of Management	Date of Birth	19 / 20 Year month day	Date of Application	20 Year month day

Name		If any, put the name of college which you attend.

Present Address	TEL: FAX: E-mail

Education

Education	High School	19 /20 Year month day			☐ Graduated
	University/ College	19 /20 Year month day	College Dept. Major		☐ Graduated ☐ Withdrawal
	Graduate School	19 /20 Year month day	College Dept. Field		☐ Completed ☐ Withdrawal ☐ Coursework Completed

Occupation

Occupation	Company		Occupation		Status	☐ Full-time Worker ☐ Part-time Worker
	Location			TEL		Ext.

Emergency Contact

Emergency Contact	Name		Relationship	
	Address			

Study at APU

Study at APU	_____ Year _____ College	☐ Auditor ☐ Part-time Student (A/B)	_____ Subject _____ No. of Credits	Photo 2.5 cm×3 cm Taken within the last 3 months
	_____ Year _____ College	☐ Auditor ☐ Part-time Student (A/B)	_____ Subject _____ No. of Credits	

I hereby request permission to become a "Part-time Student" at APU, as prewritten below and the attached essay.

Class(es) for Registration

Subject (Class)	Credit	Day	Period	Instructor	Subject (Class)	Credit	Day	Period	Instructor

Total number	Subjects:	Credits:	Fee	※納入期日	年 月 日

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