※整理番号	
※科目等履修生番号	

Application for Part-time Student A/B

College you wish to apply	□College of □College of □College of	Internatio	nal Manag		Date of Birth	Y /	M /	D	Date Applic		Y	/ M / D
Name									If any, put	the name o	f college wh	nich you attend.
D								'	T	EL		
Present Address										ΑX		
									e-r	nail		
	High Schoo		tution									\Box Graduated
	University/											\Box Graduated
Education	College	Insti	tution		College		Dept.		Major	•		\square Withdrawal
							•		•			□Completed
	Graduate											□Withdrawal
	School	Insti	Institution College Dept.						Field			□Coursework Completed
	C	111001			conce	0	Бора.		11010	Ct	,	☐Full-time Worker
	Company					Occupation				Sta	itus	☐Part-time Worker
Occupation	Location								T	EL		
	Location								Е	xt.		
Emergency	Name							Relationship				
Contact									T	EL		
	Address								Е	xt.		
				ſ	□Auditor							Photo
Chida	37	O 11			⊒Part-time Studer	nt (A / B)	1: .		No. of Credits			
Study at APU	Year	College				S S	ubject		No. of	Credits		2.5cm×3cm
at APU					□Auditor							
	Year	College		[□Part-time Studer	nt (A/B) S	ubject		No. of	Credits		taken within the
I hereby request												
Thereby reques	t permission t	o become	a "Part-t	me Student	" at APU, as per w	vritten below and	d the attach	ned essay.				last 3 months
Class(es) for Re	esistration				" at APU, as per w	vritten below and		-				last 3 months
	esistration	Credit		Period	" at APU, as per w	vritten below and	d the attach	-	Credits	Day	Period	last 3 months Instructor
Class(es) for Re	esistration				-	vritten below and		-	Credits	Day	Period	
Class(es) for Re	esistration				-	vritten below and		-	Credits	Day	Period	
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