

※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						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	
							Ext.	
Emergency Contact	Name				Relationship			
	Address						TEL	
							Ext.	
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			
Total Subjects:		Credits:		Fee		※納入期日	年 月 日 <input type="checkbox"/>	

## For Official Use Only (Do not use)

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									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	許可科目確認	履修科目登録	科目等履修生証	学籍発生	学籍番号付番	学費照合	手続確認	許可通知	許可者名簿	出願合否入力	審議	出願者名簿	聴講等			願点検	証紙確認	課長
																学費請求先入力	現住所入力	出願者入力			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	