

# SWU Summer International Program 2024 APPLICATION FORM

## INSTRUCTIONS

- Please complete this form in BLOCK letters in English
- Email to: Center for International Exchange (Showa Women's University)  
[ssipstaff@swu.ac.jp](mailto:ssipstaff@swu.ac.jp)
- **Deadline: Wednesday, March 6, 2024**



## PERSONAL DETAILS

**Name**

\_\_\_\_\_  
First/Given

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last/Family

**Home Institution**

**Concentration**

**Expected Graduation Year**

**Current Address**

**Permanent Address**

**Phone Number**

**Email**

**Nationality**

**Date of Birth**

/

/

(MM/DD/YYYY)

**Passport Number**

Please answer all of the following questions. Your responses will be used to for the purpose of better-organizing the program, properly assisting all the participants, ensuring participants' safety, and successfully running the program.

1 Have you ever traveled alone outside your country?      No      Yes (Please provide details below of that / those experiences)

2 Do you have any medical history/conditions and/or special needs which SWU should know about to better assist you on the program?  
No      Yes (Please provide details below)

## QUESTIONS FOR REFERENCE

Please describe your academic, professional, and personal reasons for participating in SSIP and 2) what you would like to gain from SSIP.