

SWU Summer International Program 2025 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
- **Deadline: Monday, March 10, 2025**



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.