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| **REGISTRATION FORM** for **GELS SPECIAL EDUCATION PROGRAM****Academic Year 2024　(April 2024 Enrollment)**Type or write in English or Japanese in block letters. |
| Student ID  |  |  |
| Name |  |
| Email Address |  |
| Phone No./ Mobile |  |
|  |
| Reason for applying for the program (your purpose, expected achievements etc.) |
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| --- | --- | --- | --- |
| Your Signature |  | Date |  |

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| □ Check here Already received supervisor’s approval *（\* Applications* ***cannot*** *be accepted without approval. ）* |

Please submit to the IDEC office via Email: koku-gaku@office.hiroshima-u.ac.jp

NO LATER THAN 17:00 on April 12. Late applications **WILL NOT be accepted**.