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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](mailto:koku-gaku@office.hiroshima-u.ac.jp)

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