

LUJ Study Abroad Application Form



Intended Semester: 20 Summer Fall Spring

Current Institution: _____

Name

Family name	Given name	Middle name
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Date of Birth: ____ / ____ / ____

Gender: Male Female Other Marital Status: Single Married Divorced

Nationality: _____ SSN (if you are a U.S. citizen): _____

Ethnic background (if you are a U.S. citizen): _____

Home address: _____

Phone Number: (____) _____ - _____ Mobile phone number: (____) _____ - _____

Email address: _____ @ _____

Family Information

• Father Stepfather _____

Spouse Family name Given name Middle name

Address: _____

Phone number: (____) _____ - _____

• Mother Stepmother _____

Spouse Family name Given name Middle name

Address: _____

Phone number: (____) _____ - _____

PERSONAL INFORMATION CARD

Medical History

Do you have any physical or mental conditions that Lakeland University Japan should know about?

Yes No

If you answered yes, please explain the details of your medical condition in the space below, including symptoms, emergency medical procedures, and any additional medical pertinent information.

If you have a need for disability-related accommodations or services such as extended time for test-taking, advanced notice of tests and special seating etc, please submit your application to Ms. Maya Hirabara. After the advisory board has reviewed your application and approved it, LUJ will provide reasonable and effective accommodations and services to students when such requests are made in a timely manner and are accompanied by appropriate documentation in accordance with college guidelines.

EMERGENCY CONTACT

※Someone who can be contacted in case of an emergency

Name	Relationship			
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Address				
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Phone number ()	-	Mobile phone number	-	-
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Email address				
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