

Application for Part-time Student A / B

※整理番号	
※科目等履修番号	

College you wish to apply	<input type="checkbox"/> College of Asia Pacific Studies <input type="checkbox"/> College of International Management		Date of Birth	Y / M / D			Date of Application	Y / M / D			
Name						<input type="checkbox"/> Male <input type="checkbox"/> Female	If any, put the name of college which you attend.				
Present Address							TEL				
							FAX				
							e-mail				
Education	High School	Institution _____					<input type="checkbox"/> Graduated <input type="checkbox"/> Withdrawal				
	University/ College	Institution _____		College _____	Dept. _____	Major _____	<input type="checkbox"/> Graduated <input type="checkbox"/> Withdrawal				
	Graduate School	Institution _____		College _____	Dept. _____	Field _____	<input type="checkbox"/> Completed <input type="checkbox"/> Withdrawal <input type="checkbox"/> Coursework Completed				
Occupation	Company			Occupation		Status	<input type="checkbox"/> Full-time Worker <input type="checkbox"/> Part-time Worker		TEL		
	Location										
Emergency Contact	Name					Relationship					
	Address							TEL			
Study at APU	<input type="checkbox"/> Auditor <input type="checkbox"/> Part-time Student (A/B)						Year _____ College _____ Subject _____ No. of Credits _____		Photo 2.5cm×3cm Taken within the last 3 months		
	<input type="checkbox"/> Auditor <input type="checkbox"/> Part-time Student (A/B)						Year _____ College _____ Subject _____ No. of Credits _____				
I hereby request permission to become a "Part-time Student" at APU, as per written below and the attached essay.											
Class(es) for Registration											
Subject (Class)	Credits	Day	Period	Instructor		Subject (Class)	Credits	Day	Period	Instructor	
Total Subjects:		Credits:		Fee		※納入期日		年 月 日			

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所見

判定	許可	不許可		許可単位数	科目		単位				受付			
許可日	年 月 日		期間	年 月 日～		年 月 日				受 付				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	許可科目確認	履修科目登録	科目等履修生証	学籍番号付番	学籍費照合	手続確認	許可者名簿	出願者名簿	出願者名簿	現住所入力	出願者入力	願点検	証紙確認	課長
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	