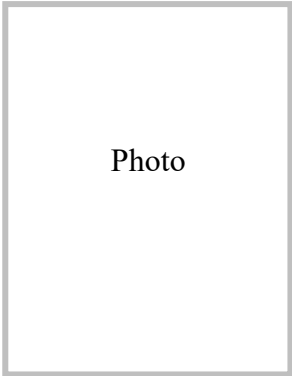


Application Form for the Short-Term Program
9 – 20 September 2024
Toyo College of Food Technology

- 1. Surname _____
- 2. First name _____
- 3. Nationality _____
- 4. Date of birth (dd/mm/yy) _____
- 5. Place of birth _____
- 7. Passport number _____ Valid until (dd/mm/yy) _____
- 8. Present address _____



tel _____ e-mail _____

- 9. Occupation _____
- 10. Name of company / institution _____
- 11. Address of company / institution _____

tel _____ e-mail _____

- 12. Purpose of your participation in the program

- 15. Education

16. Research / Job experience

17. Language ability

Mother tongue _____

Japanese (Competent / Functional / Poor) _____

English (Competent / Functional / Poor) _____

18. Special circumstances, if any (e.g. religious considerations, food considerations)

I hereby declare that the above information is true and correct.

I understand the following privacy policy and agree to provide my personal information.

- The personal information provided will be used only for the purpose of implementing the short-term program.
- The personal information will be managed in accordance with Toyo College of Food Technology's personal information management policy.
- The personal information provided in this application form will not be used for any other purpose or disclosed to any third party without the consent of the applicant.

Date of application (dd/mm/yy)

Signature of applicant

* Please send this application form to "international@toshoku.ac.jp"