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| **Japan Study Abroad Program Application \*deadline 3/31/2015\*** | | | | | | | | |
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| COM ID Number  (if current student): |  |  | | | | |  | |
|  |  |  | | | | |  | |
| Name: |  |  | | | | |  | |
|  | Last | First | | | | | Middle | |
|  |  |  | | | | |  | |
| Home Address: |  |  | | | | |  | |
|  | Street | City/State | | | | | Zip | |
|  |  |  | | | | |  | |
| Mailing Address: |  |  | | | | |  | |
| If different | Street | City/State | | | | | Zip | |
| Phone Number: |  |  | | | | |  | |
|  | Home | Cell | | | | |  | |
|  |  |  | | | | |  | |
| Email Address: |  |  | | | | |  | |
| Date of Birth: | / | / | | | | |  | |
|  |  |  | | | | |  | |
| U.S. Citizen or U.S. Residence: | |  |  | | --- | --- | | Yes |  | | No |  | | If No, Country: | | | | |  | |
| Program of Study/Major: |  |  | | | | |  | |
| Department you wish to study at Ogaki Women’s College (Check one) | | * Design Art (Manga/Anime) * Music (Name of instrument: ) * Early Childhood Development | | | | | | |
| **Please answer the following questions:**   1. What made you interested in this program? 2. Why should you be chosen to represent COM in this Japan Study Abroad Program? 3. What do you expect to experience and achieve in this program? 4. How will your experience from this program be beneficial to your career goals or college major?   5. We will be walking intensively in Japan. Will you be able to walk long distance? Do you have any physical issues we should know about?  6. Are you open minded to new cultures and foods? In particular, many Japanese dishes contain fish. Do you have any food allergies or other allergies/preferences in food we should know about? | | | | | | | | |
| \*\*\***Application form must be received by 5 pm, March 31, 2015**\*\*\*  Submit this application in person to Fine Arts Building Room F127  or mail to  Attn: Mayuko Ono Gray, COM Japan Study Abroad Program  College of the Mainland, 1200 Amburn Rd. Texas City TX 77591  or email to [mgray@com.edu](mailto:mgray@com.edu) as attachment  For any questions, please contact [mgray@com.edu](mailto:mgray@com.edu) or (409) 933-8354 | | | | | | | | |
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| I certify that I have completed this application form honestly. I understand the financial obligations which come with this commitment. I understand that if I am accepted to the program, the payment for the program cost and airfare (not included in the program cost) is due on Friday April 10, 2015. I am also responsible to have my passport ready prior to the departure. I also promise to abide by the rules and policies applicable to students enrolled in College of the Mainland and the Japan study abroad program. | | | | | | | | |
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Signature: Date: