# JAPAN-CANADA ACADEMIC CONSORTIUM Student Forum

# Student Forum Application

Full Name	First	Middle	Last
Date of Birth		- ·	
Address			
City			
Province		Postal Code	
Phone Number			
Email Address			
ACADEMIC INF	ORMATION		
Name of Universi	ty		
Faculty/Departme	ent		
Major/Minor			
Year of Study		JASSO G	PA

# **PERSONAL INFORMATION**

## **EMERGENCY CONTACT INFORMATION**

Please provide name, relationship and phone number of an emergency contact.

Name	Relationship	Telephone Number

### INTERNATIONAL EXPERIENCE

Please list the time spent (months/years), country and purpose of travelling abroad.

Time spent	Country	Purpose

#### **EXTRACURRICULAR ACTIVITIES**

Please list participation in any extracurricular activities you feel are pertinent to this application

#### **CONTACT INFORMATION FOR 2 REFERENCES**

First Reference	Second Reference
Name	Name
Title	Title
Employer	Employer
Telephone	Telephone
Email	Email