

KYOTO UNIVERSITY ALUMNI APPLICATION FORM

By completing this form, I agree to abide by the Kyoto University Alumni Regulations and express my wish to become a member.

Date: _____

Personal details

Given name:	Sur name:
Sex: male / female	Date of birth:
Nationality:	

Undergraduate details

Date of graduation:	Faculty / department:
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Postgraduate details

Date of graduation (or withdrawal in the case of doctoral <i>tan'i shutoku taigaku</i> or <i>kenkyu shido taigaku</i>):	Graduate school / department:
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Mailing address:	
Postal code:	Country:
Phone:	Mobile phone:
Email: @	

Permanent address (if different from above):	
Postal code:	Country:
Phone:	
Email: @	

Work details

Employer:	Position:
Address:	Country:
Postal code:	Direct phone:

- Personal information submitted will only be used to send updates, notices, and event announcements, and will not be disclosed to any third parties.
- Please notify us of any changes made to the information provided on this form.

Kyoto University Alumni Secretariat

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