

Department of Linguistics and
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SAN DIEGO STATE
UNIVERSITY

SPRING 2017

APPLICATION DEADLINE: Saturday, April 8, 2017

7th ANNUAL IACE TRAVEL JAPANESE SCHOLARSHIP
APPLICATION FOR THE YEAR OF 2017-2018

Name: (Mr. or Ms.) _____
Last First Middle

Former or maiden name: _____

Red ID #: _____

Local Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Telephone/Cell _____

E-mail Address: _____

Japanese language classes enrolled at SDSU during the academic year of 2016-2017:

Fall 2016: _____ Professor: _____

Spring 2017: _____ Professor: _____

Class Level as of **Spring 2017**: ___ FR ___ SOPH ___ JR ___ SR ___ GRAD

Japanese language you plan to take during the academic year of 2017-2018:

Fall 2017: _____ Spring 2018: _____

Reminder: The recipient of the scholarship is **required** to study Japanese at SDSU (or at an exchange partner institution in Japan) during the year of the award: 2017-2018.

Major _____ Emphasis, if any _____

Minor _____

What is your overall GPA? _____

★ Please submit your transcript (unofficial copy) with this application form.