

For those who wish to apply as transfer students

## Prescreening Consultation Application

Complete this form and send it together with **academic transcript(s)\*** from the institution(s) where you completed (or expect to complete) your post-secondary education. Send your transcript(s) to the Admissions Office at [admission@tci.ac.jp](mailto:admission@tci.ac.jp)

TCU will review your academic transcript(s) and determine whether you are eligible to apply as a transfer student and the year you can transfer into.

\* Unofficial transcripts or student grade reports are acceptable. Please note that you must provide an official academic transcript at time of application for admission.

Date:

.....  
Month / Day / Year

Name	..... Last / First / Middle * As it appears in your passport	DOB	..... Month / Day / Year
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality	
Email		Phone	
Year you wish to transfer into	<input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year		

<b>Education Background</b> Provide information for all the school you attended.			
University/College Name ② .....			
Location	..... City/Country	Program	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master <input type="checkbox"/> Doctor <input type="checkbox"/> Other ( ..... ) Please specify
Major		Minor	If applicable
Status	<input type="checkbox"/> Graduated    ( ..... / ..... ~ ..... / ..... ) Enrollment: Year/Month      Graduation: Year/Month		
	<input type="checkbox"/> Currently enrolled    ( ..... / ..... ~ Present ) Enrollment: Year/Month		
	<input type="checkbox"/> Other    ( ..... ) Please specify		

University/College Name ② .....			
Location	..... City/Country	Program	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master <input type="checkbox"/> Doctor <input type="checkbox"/> Other ( ..... ) Please specify
Major		Minor	If applicable
Status	<input type="checkbox"/> Graduated    ( ..... / ..... ~ ..... / ..... ) Enrollment: Year/Month      Graduation: Year/Month		
	<input type="checkbox"/> Currently enrolled    ( ..... / ..... ~ Present ) Enrollment: Year/Month		
	<input type="checkbox"/> Other    ( ..... ) Please specify		

Please add another sheet if necessary.