Data

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

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 transcipt at time of application for admission.

							Month / Day	/ Year
Name	Last / First / Middle * As it appears in your passport				DOB	Month / Day / Year		
Gender	□ Male □ Female				Nationality			
Email					Phone			
Year yo	ou wish to transfer into		2nd year 🛛 3rd	l year	•			
Educ	ation Background		Provide information for all th	e school yo	u attended.			
University/0	College Name ①							
University/Co (English or Ja	ollege Website apanase)							
Location				Program	□Undergraduate □Other (□Master	Doctor)
		City/C	ountry	 		Please specify		
Major				Minor		If applicable		
Status	□Graduated	(/ Enrollment: Year/Month		/)		
	□Currently enrolled	(/	~	Graduation: Year/Month Present)		
	Enrollment: Year/Month) Please specify)	
University	/College Name ②							
University/Co (English or Ja	ullege Website apanase)							
Location				Program	□Undergraduate □Other (□Master	Doctor)
Major		City/C	ountry	Minor		Please sp		·
Status				WINTON		II approve	10	
	□Graduated	(/ Enrollment: Year/Month	~	/ Graduation: Year/Month) Ionth		
	□Currently enrolled	(/ Enrollment: Year/Month	~	Present)		
	□Other	(P	lease specify)

Please add another sheet if necessary.