

Visa Support Application for the 10th Asian Postgraduate Course, 2010

Application Deadline is June 25, 2010

If you would like to request an invitation letter from Tokiwa International Victimology Institute (TIVI), you must first complete your registration, and then fill up this form and send it to us at apgctivi@tokiwa.ac.jp in an email titled “**Attention: Application for VISA Support.**”

<NOTE>

- 1) All the information collected through this process shall be solely used for the purpose of our preparation of visa support documents, and will be strictly kept in a confidential manner.
- 2) The issuance of our invitation letter will not always ensure the issuance of the visa by the Japanese embassy/consulate in your country. The final judgment shall depend on the policies of the Japanese embassy/consulate in your country.
- 3) If any of the documents/information you send us appears to be “false” or “doubtful,” we will stop communicating with you without notice and your registration will be automatically cancelled. Please be 100% accurate with this information

| | | |
|---|--|----------------|
| 1. Your full legal name (same on passport): | | |
| Family Name: | | |
| Given Name: | | |
| Middle Name: | | |
| 2. Your date of birth: | (date) | (month) (year) |
| 3. Nationality: | 4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 5. Your full contact information | | |
| A. Residential (Home) address *All documents issued by us will be posted to this address: | | |
| Street Address: | | |
| City: | | |
| State: | Country: | |
| Postal Code: | | |
| TEL: | Fax: | |
| Mobile: | E-mail: | |
| B. Postal address *Only when you have another postal address where you like to receive our documents, please fill out this column: | | |
| Street Address: | | |
| City: | | |
| State: | Country: | |

4. Details of the organization (Institution, School, etc.) with which you are currently associated

Organization name:

Your Position:

Street Address:

City:

State:

Country:

Postal Code:

TEL:

Fax:

Official URL of the Website :

5. Full contact information for the authors of the recommendation letters.

Letter #1

Author's Full Name:

Organization name:

Position:

Street Address:

City:

State:

Country:

Postal Code:

TEL:

Fax:

Official URL of the Website :

Letter #2

Author's Full Name:

Organization name:

Position:

Street Address:

City:

State:

Country:

Postal Code:

TEL:

Fax:

Official URL of the Website :

| 6. Possible Itinerary and Lodging Plan During Your Stay in Japan | |
|--|---|
| Date of departure in your country | Name of the airport in your country |
| Date of arrival at Narita/Tokyo | Date of arrival at Tokiwa University |
| Date of departure from Narita/Tokyo | Date of arrival in your country |
| Lodging Plan *Please tick the box which is applied. This is not to ensure your application for any lodging plan. <ul style="list-style-type: none"> <input type="checkbox"/> Tokiwa International Hall (You need to apply separately from this process) <input type="checkbox"/> Like to have a home-stay (You need to apply for a home-stay separately from this process) <input type="checkbox"/> City Hotel (Name: _____ / Phone: _____) <input type="checkbox"/> Stay at relative's house or friend's house in Ibaraki-ken: Name: Address: Home Phone No.: _____ Cell Phone No.: _____ | |
| 7. Finally, please briefly state the reason for wanting to attend the 10th Asian Postgraduate Course on Victimology and Victim Assistance. Please provide as detailed as possible clarifying your connection with victimology or victim assistance. | |

***Along with this form, you must also attach the following documents in PDF format.**

- a) **A photocopy of your passport (all pages showing your personal data)**
- b) **Two letters of recommendation - one from your present organization (from the president, director, chairperson, etc.), and the other from the most responsible person such as the president, principal, vice-chancellor, major professor, etc. of the educational institution of your latest education.**