The best way to study the Japanese language is to be immersed day and night, in and out of class.

And the best location for your studies is in the heart of Tokyo.

KCP Japanese Language Program
KCP International Japanese Language School provides an opportunity for serious students to achieve remarkable proficiency in Japanese. With two or three instructors per language class, KCP serves over 500 international students each year.

KCP offers two areas of study
• A total immersion Intensive Japanese Language Course (taught in Japanese) and offered at eight levels is the main focus. Emphasis is on a balanced language education program stressing the four most important communication skills: listening, speaking, reading, and writing.

• Japanese Culture and Civilization Course offers opportunities to experience Japan first-hand while visiting the many notable sights in Tokyo.

Academic Credit
Lincoln University has approved courses taught at KCP International Japanese Language School for academic credit. You can earn one or more years of language credit for each term. KCP credits are recorded on the Lincoln University transcript as transfer credit. It is up to each student to determine transferability of credit.

Eligibility
The KCP program is open to all students of Lincoln University. A GPA of at least 2.5 is required. We strongly recommend you have one semester of Japanese or knowledge of Hiragana and Katakana before you apply.

Program Costs
The program cost per semester is $7,796 with dormitory housing, $8,796 with homestay, or $3,996 for courses only. Personal expenses and travel to and from Japan are not included. Your airfare will depend on when you travel. For your meals and personal expenses, plan on $1,500 to $2,500 per term.

Cost per semester includes the following:
• Tuition, fees, and textbooks
• Pick-up at Narita Airport on arrival
• On-site orientation
• Dormitory or homestay (includes utilities, and lodging to school travel pass)
• Activities in the Culture and Civilization course
• Minor medical insurance

Complete application must include the following:
• KCP Student Application Form
• CCIS Program Application Form
• CCIS Confidential Reference Form
• Personal Essay
• A cashier’s check or money order for $400 payable to Lincoln University. Credit cards are also accepted. LU will invoice an additional CCIS fee of $600 (summer short term $350). Both fees are deducted from the total program cost and include all medical insurance. Personal checks are not accepted.
• Official transcript in a sealed envelope sent directly from your home institution to Lincoln University or included with your completed application.
Passport and Visa

All students must have a valid passport. Because of a visa exemption arrangement between the United States and Japan, students may stay fewer than 90 days (one semester) without being issued a visa. If you plan on studying longer you must apply for a student visa. Start early as this process may take over six months. Students are responsible for a visa-processing fee of $250. Students accepted to this program will receive a detailed visa packet.

Refund Policy

If a student is not accepted to the program, all payments less a non-refundable $50 processing fee are returned.

If KCP receives written confirmation of withdrawal more than 60 days before the start of the program, all fees paid, minus the non-refundable application deposit are returned.

If written confirmation of withdrawal is received between 45 and 60 days before the program begins, 50% of the program fee is refunded. If payment has not been made, 50% of the program fee is due.

If withdrawal occurs 45 days or less before the program starting date, no refunds are made. If payment has not been made, 100% of the program fee is due.

The late application fee, if paid, is refundable only if a student is not accepted into the program.

2016 Program Credits and Costs

<table>
<thead>
<tr>
<th>KCP Term</th>
<th>Language Course</th>
<th>Culture Course</th>
<th>Course Only</th>
<th>With Dormitory</th>
<th>With Homestay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winter</td>
<td>12</td>
<td>2</td>
<td>$3,996</td>
<td>$7,796</td>
<td>$8,796</td>
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<tr>
<td>Spring</td>
<td>12</td>
<td>2</td>
<td>$3,996</td>
<td>$7,796</td>
<td>$8,796</td>
</tr>
<tr>
<td>Fall</td>
<td>12</td>
<td>2</td>
<td>$3,996</td>
<td>$7,796</td>
<td>$8,796</td>
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Extended Programs

<table>
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<tr>
<th></th>
<th>Language Course</th>
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<th>Course Only</th>
<th>With Dormitory</th>
<th>With Homestay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Extended</td>
<td>24</td>
<td>2</td>
<td>$6,992</td>
<td>$14,592</td>
<td>$15,592</td>
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<tr>
<td>Fall Extended</td>
<td>24</td>
<td>2</td>
<td>$6,992</td>
<td>$14,592</td>
<td>$15,592</td>
</tr>
<tr>
<td>Academic Year</td>
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<td>2</td>
<td>$9,988</td>
<td>$21,388</td>
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Summer Programs

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<tr>
<th></th>
<th>Language Course</th>
<th>Culture Course</th>
<th>Course Only</th>
<th>With Dormitory</th>
<th>With Homestay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>12</td>
<td>2</td>
<td>$3,996</td>
<td>$7,796</td>
<td>$8,796</td>
</tr>
<tr>
<td>Summer Short-Term</td>
<td>10</td>
<td>N/A</td>
<td>$3,546</td>
<td>$6,546</td>
<td>$7,546</td>
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2016 Program Dates and Application Deadlines

<table>
<thead>
<tr>
<th>KCP Term</th>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>Application Deadline**</th>
<th>Payment Deadline</th>
</tr>
</thead>
</table>

Extended Programs

<table>
<thead>
<tr>
<th></th>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>Application Deadline**</th>
<th>Payment Deadline</th>
</tr>
</thead>
</table>

Summer Programs

<table>
<thead>
<tr>
<th></th>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>Application Deadline**</th>
<th>Payment Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer</td>
<td>Jul. 7, 2016</td>
<td>Sep. 21, 2016</td>
<td>Apr. 9, 2016</td>
<td>May 9, 2016</td>
</tr>
</tbody>
</table>

Note: Prices and dates are subject to change without prior notice. If a deadline falls on a Sunday or holiday, application/payment is due at the KCP office or sponsor school the workday before the deadline.
**Late applications may be possible. See website for details.
Lincoln University, Office of International Programs and Services
PO Box 179 • 1570 Baltimore Pike • Lincoln University, Pennsylvania 19352

Student Application

(Please type or print clearly)

PERSONAL

Name: Email:

Date of Birth: Sex: Citizenship:

Social Security Number (U.S. Applicants Only):

Address: Street: Telephone (Daytime): (  )

City: State: Zip: Telephone (Evening): (  )

PROGRAM OPTIONS


Extended: □ Fall Ext. (Jul-Dec) □ Spring Ext. (Jan-Jun) □ Academic Year (Oct-Jun) Year: □ 2016 □ 2017 □ 2018

Summer: □ Summer (Jul-Sep) □ Summer Short-Term (Jun-Aug) Year: □ 2016 □ 2017 □ 2018

HOUSING PREFERENCE

□ Dormitory □ Homestay □ Course Only

HEALTH

□ Excellent □ Good □ Fair □ Poor Height: Weight:

Describe any health problems, physical disabilities, or serious allergies:

ACADEMIC

University or College: Major: Minor:

Graduation Date: G.P.A.:

What year of Japanese will you register for at KCP? □ 1st year □ 2nd year □ 3rd year □ 4th year

Rate your Japanese language ability: □ None □ Beginning □ Intermediate □ Advanced

Will you be applying for financial aid? □ Yes □ No If yes, what sources?

How did you learn about this program? □ Study Abroad Office □ Website (Name):

□ Friend □ Facebook □ Book/Publication □ Professor/Advisor □ Other

PERSONAL ESSAY

On a separate sheet of paper, type or print a 500-word essay about why you want to participate in the KCP program. Include any expectations you have for your experience in Japan, future academic and professional goals, and any previous travel or study in Japan.
1. I release KCP International Japanese Language School and KCP International USA, Inc. (collectively “KCP”), and Lincoln University (“LU”) and their officers and agents from any and all claims and causes of action for damage to or loss of property, personal injury or injury, or death, arising out of any travel or activity conducted by or under the control of KCP or LU. I further agree to reimburse KCP, LU, or any Japanese host family with whom l/my son or daughter stays during the program for any damage to property or injury to persons connected with KCP, LU, or a Japanese host family caused by me/my son or daughter.

2. I accept full responsibility and will indemnify and hold KCP, LU and any Japanese host family harmless from any damage to or loss of property or personal injury to any third party arising out of any alleged action on the part of myself/my son or daughter.

3. In the event of illness or injury to me/my son or daughter, I hereby authorize any officer of KCP to secure any necessary treatment, including the administration of an anesthetic and surgery.

4. I give permission and accept full responsibility for any expenses incurred while I/my son or daughter travels independently on weekends or academic holidays during my/his/her period of study at the KCP program site. I agree that neither LU, KCP, nor any program staff or Japanese host family is responsible for the participant while on an independent side trip.

5. KCP is hereby authorized to distribute my/my son or daughter’s name, address, and telephone number to other participants in the program prior to departure.

6. I understand that KCP sometimes uses photographs, video, or audio of program participants in its program catalogs, website, social media and other publicity materials. I authorize KCP to use photographs and/or audio/video in which the student is pictured for promotional purposes.

7. I have read KCP's refund policy in the program catalog and agree to abide by it. Further, I agree that unless I have made specific arrangements with either KCP or LU to the contrary, all fees will be paid in full prior to departure for the program.

8. I certify that all statements made in this application for a KCP program are correct and true.

9. I understand that, as part of my application, I may need to obtain a letter of good health from a licensed physician stating that I am in satisfactory health, capable of traveling to Japan, and fit to attend the language study program.

10. I understand that KCP-USA will not be making the final acceptance decision, and that the acceptance decision will be made by KCP-Japan.

11. Studying at KCP is not like studying at a university or college in your home country. Japanese traditions run deep at KCP. Policies, procedures, curriculum and support services will probably be unlike any you have experienced at home. You must be open-minded and respectful of KCP traditions. There is no room for disrespect of faculty, staff or any students from other countries. You represent your home country and as such, your conduct during your stay in Japan must be exemplary. Your primary purpose for attending KCP should be dedicating yourself to increasing your proficiency in the Japanese language. Only then can you truly experience the breadth of the Japanese culture. If you are able to be respectful of the Japanese culture and traditions, you are encouraged to proceed with your application.

12. I understand that I am required to maintain health insurance coverage during my stay in Japan. I further agree that I will be responsible for my own medical care while abroad. By signing below I indicate that I will have insurance during the entire duration of my stay in Japan.

13. I certify that I am in good physical and mental health and that I do not suffer from any special mental or physical condition that would prevent me from successfully taking part in the KCP program.

14. I understand that any information collected by KCP in the registration and application material from Student may be shared by Sponsor, or Student’s home university. I further understand that by signing below, I authorize KCP to release information related to me to my parent(s), guardian(s) and/or school officials.

Name of Applicant:________________________

Signature of Applicant:______________________ Date:______________________

Signature of Parent or Guardian (Only for Applicants under 19):______________________ Date:______________________

A COMPLETED APPLICATION INCLUDES

☑ Student Application Form
☑ CCIS Program Application Form
☑ CCIS Confidential Reference Form
☑ Personal Essay
☑ A cashier’s check or money order for $400 payable to Lincoln University. Credit cards are also accepted. Lincoln University will invoice an additional CCIS fee of $600 (summer short-term $350). Both fees are deducted from the total program cost. Personal checks are not accepted.
☑ Official transcript in a sealed envelope sent directly from your home institution to Lincoln University or included with your completed application.
☐ Send your completed application to the Office of International Programs and Services at Lincoln University.

REQUEST FOR ASSISTANCE

If you have any questions about the KCP Intensive Japanese Language and Culture program, please contact either Lincoln University or KCP International USA directly.

Lincoln University
Office of International Programs and Services
PO Box 179
1570 Baltimore Pike
Lincoln University, PA 19352
Tel: 484.365.7785
Email: clundy@lincoln.edu
www.lincoln-japan.com

KCP International USA
PO Box 28028
Bellingham, WA 98228-0028
Tel: 360.647.0072
Fax: 360.647.0736
Email: info@lincoln-japan.com

If you have any questions about the KCP Intensive Japanese Language and Culture program, please contact either Lincoln University or KCP International USA directly.
CCIS STUDY ABROAD APPLICATION

I. CCIS PROGRAM INFORMATION
PROGRAM TO WHICH YOU ARE APPLYING:
Country:

City:

TERM/YEAR OF STUDY (Circle the term and indicate the calendar year which applies):
FALL _______ SPRING _______ SUMMER _______ INTENSIVE LANGUAGE CYCLE(S) (Dates _______ )
(Session/Dates _______ )

II. PERSONAL INFORMATION

Applicant’s Last Name
First Name
Middle Initial

Date of Birth
Sex (M/F)

City/State/Country of Birth
Social Security #

Current Citizenship
Passport #

CURRENT MAILING ADDRESS (Valid Until __/__/__):
Street
Box/Apt. #

City
State/Country
Zip Code

Telephone Number
Email Address

PERMANENT MAILING ADDRESS (if different from above):
Street
Box/Apt. #

City
State
Zip Code

Telephone Number
Email Address

EMERGENCY CONTACT INFORMATION:

Last Name
First Name
Relationship

Street
Box/Apt. #

City
State
Zip Code

Telephone Number
Email Address

FOR CCIS MEMBER INSTITUTION USE ONLY
(To be completed before forwarding the application to CCIS sponsoring Institution)

Enrolling Institution: __________________________ Admission Recommendation: __/__/__

Sponsoring Institution: __________________________

Signature of Director of International Education
Title
Date
Phone Number

(Continued other side)
III. ACADEMIC INFORMATION

CURRENT ACADEMIC STATUS (circle appropriate level):

High School Senior  Sophomore  Senior  Graduate Student
Freshman            Junior     College Graduate Other ______________________

COLLEGES OR UNIVERSITIES ATTENDED (for high school seniors, list name of high school):

Name of Institution  Dates (from/to)  Major  Overall GPA  Semester/Quarter credits
1.                   
2.                   
3.                   
4.                   

Academic Advisor’s Name  Telephone Number

FOREIGN LANGUAGE STUDY:
Please list language courses you will have taken prior to the beginning of the program that would be of value in preparing you for overseas study.

Title  Terms/Credits  Grade  H.S. or College
1.    
2.    
3.    
4.    
5.    

IV. APPLICANT’S STATEMENT OF PURPOSE:
On a separate sheet of paper, write a concise statement of your proposed program of study and how it will be related to your present academic program. Also, describe the personal benefits you expect to receive from the program, and how you will incorporate this program into your future goals. Include any additional information that may be useful in evaluating your candidacy, including study, travel, or residence in other countries. This statement is required of all applicants and must be submitted with application.

V. FINANCIAL AID INFORMATION:
Will you be applying for federal or state financial assistance? If yes, briefly describe:

VI. CCIS INFORMATION SOURCE:
How did you first hear about the CCIS study abroad programs? Please specify reference source, if possible. This information assists future CCIS recruitment efforts.

I, the undersigned, acknowledge that I have read the CCIS Study Abroad Application and that all statements are correct to the best of my knowledge. In addition, I, the applicant, authorize the release of my transcript(s) and recommendations to the academic institutions involved in the program for which I have applied.

Applicant’s Signature  Date  Parent/Guardian’s Signature  Date
(Required if applicant is under 18)

☐ Check here if you do not wish to have your name and address released to other program participants.

CCIS does not discriminate on the basis of sex, race, color, handicap, or ethnic/national origin in its study abroad programs, including admission and enrollment in these programs.
CCIS STUDY ABROAD APPLICATION: CONFIDENTIAL REFERENCE FORM

Part I: To be completed by the applicant.

Name of Applicant

Date of Request

CCIS STUDY ABROAD PROGRAM

Country:

City:

Evaluator's Full Name

Position

Deadline for Request

Under the U.S. federal law (Section 438 of Public Law 90-247, as amended), students are permitted access to certain education records. Section 438(a)(2)(B) provides that a student may waive the right to inspect confidential letters of recommendation. Many applicants have found that a recommendation letter written in confidence has a greater impact than one to which the applicant also has access. If you waive your right to inspect the information requested by this form, please sign below:

Applicant's Signature

Date

BE SURE TO PROVIDE THE EVALUATOR WITH A STAMPED, ADDRESSED ENVELOPE. PLEASE NOTE THE FOLLOWING: A) IF YOU ATTEND A CCIS MEMBER INSTITUTION, PROVIDE THE EVALUATOR WITH YOUR STUDY ABROAD ADVISOR’S ADDRESS; B) IF YOU DO NOT ATTEND A CCIS MEMBER INSTITUTION, PROVIDE THE EVALUATOR WITH THE U.S. SPONSORING INSTITUTION’S ADDRESS.

Part II. To be completed by the evaluator.

The above-mentioned applicant is applying for the CCIS study abroad program designated above. We would appreciate your assessment of the applicant's attributes with which you are familiar. Please return this form in the stamped, addressed envelope provided to you by the applicant.

1. Basis and extent of your acquaintance with the applicant.

2. Please indicate the applicant's academic attributes. You may elaborate in the comments section if necessary.

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No opportunity to observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence in major/specialization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic interest and motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity for independent study</td>
<td></td>
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<tr>
<td>Ability to express thoughts in speech/writing</td>
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<tr>
<td>Reliability</td>
<td></td>
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</tbody>
</table>

(Continued other side)
3. Please evaluate the applicant's suitability for program participation. You may elaborate in the comments section as necessary.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>No opportunity to observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to adapt to new or unstructured circumstances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-reliance/independence</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Ability to relate well to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emotional stability</td>
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<td>Open-mindedness</td>
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<tr>
<td>Integrity</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4. Please state frankly your opinion of this candidate's chances for success (both academic and non-academic) in a study abroad program. Keep in mind the following: academic/personal suitability for study abroad; how an international experience may benefit the applicant, both academically and personally; and strengths which you believe the applicant might bring to such an experience. (You are invited to use an additional sheet, if necessary.)

5. Additional comments:

Evaluator's Signature                   Date                    Print Name

Position/Title                        Telephone Number

Office Address

(Rev. 9/98)