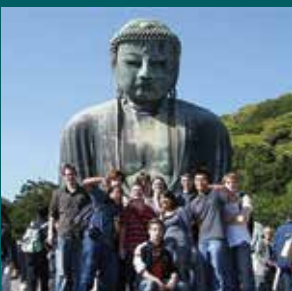




The best way to study the Japanese language is to be immersed day and night, in and out of class.

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



KCP INTERNATIONAL

Japanese Language School

Lincoln University
Visit LINCOLN-JAPAN.com

Study in Tokyo, one of the world's most exciting cities

Tokyo is the political and economic center of Japan, a convergence of business, government, research, and universities. Tokyo's cultural opportunities include performing arts, fashion, design, and the largest collection of Asian art in Japan. You'll absorb Japan's culture with visits to museums, palaces, theaters, and corporations, as well as many other enriching events that will broaden your experience.

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.

KCP INTERNATIONAL

Japanese Language School

Send your completed application to:

Lincoln University

Office of International Programs and Services
PO Box 179, 1570 Baltimore Pike, Lincoln University, PA 19352

Email: clundy@lincoln.edu
Tel 484.365.7785

Visit LINCOLN-JAPAN.com

2016 Program Credits and Costs

SEMESTER PROGRAMS	CREDITS			COSTS	
	KCP Term	Language Course	Culture Course	Course Only	With Dormitory
Winter	12	2	\$3,996	\$7,796	\$8,796
Spring	12	2	\$3,996	\$7,796	\$8,796
Fall	12	2	\$3,996	\$7,796	\$8,796
Extended Programs					
Spring Extended	24	2	\$6,992	\$14,592	\$15,592
Fall Extended	24	2	\$6,992	\$14,592	\$15,592
Academic Year	36	2	\$9,988	\$21,388	\$22,388
Summer Programs					
Summer	12	2	\$3,996	\$7,796	\$8,796
Summer Short-Term	10	N/A	\$3,546	\$6,546	\$7,546

2016 Program Dates and Application Deadlines

SEMESTER PROGRAMS	PROGRAM DATES		DEADLINES	
	KCP Term	Beginning Date	Ending Date	Application Deadline**
Winter	Jan. 7, 2016	Mar. 25, 2016	Oct. 10, 2015	Nov. 10, 2015
Spring	Apr. 7, 2016	Jun. 24, 2016	Jan. 10, 2016	Feb. 10, 2016
Fall	Oct. 7, 2016	Dec. 23, 2016	Jul. 10, 2016	Aug. 10, 2016
Extended Programs				
Spring Extended	Jan. 7, 2016	Jun. 24, 2016	Aug. 11, 2015	Nov. 11, 2015
Fall Extended	Jul. 7, 2016	Dec. 23, 2016	Feb. 8, 2016	May 8, 2016
Academic Year	Oct. 7, 2016	Jun. 23, 2017	May 11, 2016	Aug. 9, 2016
Summer Programs				
Summer	Jul. 7, 2016	Sep. 21, 2016	Apr. 9, 2016	May 9, 2016
Summer Short-Term	Jun. 24, 2016	Aug. 16, 2016	Mar. 27, 2016	Apr. 27, 2016

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

(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

Program: KCP Semester: Fall (Oct-Dec) Winter (Jan-Mar) Spring (Apr-Jun) Year: 2016 2017 2018

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.

AGREEMENT AND RELEASE

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 illness 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 I/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, web site, 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.

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



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)

CCIS STUDY ABROAD APPLICATION page 2

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):

Semester/Quarter credits
(please indicate which)

Name of Institution Dates (from/to) Major Overall GPA

- 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.

	Excellent	Good	Fair	Poor	No opportunity to observe
Competence in major/specialization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic interest and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express thoughts in speech/writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Continued other side)

CONFIDENTIAL REFERENCE FORM page 2

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

	Excellent	Good	Fair	Poor	No opportunity to observe
Ability to adapt to new or unstructured circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate well to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
