I. PROGRAM SELECTION

* indicates field is required

Please select the program of your first choice. *

- China
- Japan

If you are not accepted to the program in this country, would you like to be considered for the other program?

- Yes
- No
II. Personal Information

* indicates field is required

Last Name

First Name

Middle

LOCAL ADDRESS

Address

City

State

Zip/Postal Code

Country

Phone

USC Email

Non-USC Email

USC ID#

Do you currently have a passport valid through December 2018?  

Yes  No
IV. Personal Statement

Explain your interest in the selected program, discuss your personal and academic experience related to East Asia and/or the country of study if relevant, and include information on related coursework you have taken or are taking or possible research topics that you are interested in investigating on the Global East Asia program. Maximum 2 double-spaced pages. Note: If you are applying to more than one program, you may 1) submit one personal statement that addresses your interest in both programs or 2) submit two/three personal statements clearly labeled in the same document. Upload your personal statement using the file uploader below. **Upload File Type: Word or PDF. Max file upload size is 500KB**
VI. Supplemental Scholarship

* indicates field is required

Would you like to apply for supplemental funding through the Sayoko Kono Legacy Fund?

[ ]
VI. Supplemental Scholarship

* indicates field is required

Would you like to apply for supplemental funding through the Sayoko Kono Legacy Fund? [ ]

Upload a personal statement for the Sayoko Kono Legacy Fund. **Upload File Type: Word or PDF. Max file upload size is 500KB.**

[Choose File] [No File]

Upload a Financial Aid Summary from OASIS. **Upload File Type: Word or PDF. Max file upload size is 500KB.**

[Choose File] [No File]

VII. LETTERS OF RECOMMENDATION

* indicates field is required

One letter of recommendation must be submitted on your behalf by the application deadline to eascruca@dornsife.usc.edu. In the space below, please enter contact information for each of your recommenders.

First Recommender

First Name*

Last Name*

Title*

Institution/Organization***

Email***
I certify that to the best of my knowledge all information contained within this application is accurate.*
Please type your name.

Name

Date  11/11/2016

Under federal law "Family Educational Rights and Privacy Act of 1974", students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that they will retain confidentiality. It is your option to waive your right of access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option.*

- [ ] I do waive
- [ ] I do not waive