2017-18 ACE-Nikaido Application Sample
I. Personal Information

* indicates field is required

<table>
<thead>
<tr>
<th>Field</th>
<th>Input Area</th>
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</thead>
<tbody>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td></td>
</tr>
<tr>
<td>LOCAL ADDRESS</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip/Postal Code</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>United States of America</td>
</tr>
</tbody>
</table>

PERMANENT ADDRESS

<table>
<thead>
<tr>
<th>Field</th>
<th>Input Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
</tbody>
</table>
State
Zip/Postal Code *
Country United States of America

PERMANENT ADDRESS
Address
City
State
Zip/Postal Code
Country United States of America
Phone *
USC Email
Non-USC Email *
USC ID *

Citizenship Status *
- U.S. Citizen/Permanent Resident
- Japanese Citizen/Permanent Resident
- Other

Native Language *
II. ACADEMIC INFORMATION

* indicates field is required

USC department/professional school *

Specific field of study or special emphasis *

Degree Objective (check one) *

- Master's
- Ph.D.
- Other

Year in program *

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Other

Cumulative grade point average at USC *

Expected date of graduation (i.e. May 2020)*

GRE exam results (Verbal/Quantitative/Analytical)*
III. JAPANESE STUDIES INFORMATION

* indicates field is required

Please indicate your Japanese language level *
Indicate number of years studied or if native speaker.

List Japan-related graduate courses taken *

[1500 / 1500] characters left

IV. Resume

Please upload the following supplemental materials – Resume (maximum 2 pages in length) **Upload File Type: Word or PDF. Max file upload size is 500KB. Any upload of new Resume, will overwrite the existing file in our records.***

Choose File
VII. LETTERS OF RECOMMENDATION

* indicates field is required

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

<table>
<thead>
<tr>
<th>First Recommender</th>
<th>Second Recommender</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name*</td>
<td></td>
</tr>
<tr>
<td>Last Name*</td>
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</tr>
<tr>
<td>Title*</td>
<td></td>
</tr>
<tr>
<td>Institution/Organization*</td>
<td></td>
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<tr>
<td>Email*</td>
<td></td>
</tr>
</tbody>
</table>

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