

# Saga University: Application for General Exchange Student

## 特別聴講学生（一般）願書

Starting in Fall 2022 or Spring 2023

APPLICATION PACKAGE (Use this sheet as the cover of your application)

Date: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

Name of Applicant 申請者名: \_\_\_\_\_

Home University 大学名: \_\_\_\_\_

**This application should be sent as a complete package containing all the documents specified in ①-⑩, and be sent by email to the email address below through the office responsible for student exchange at the applicant's home university. Please do NOT send original documents by post. Application materials are NOT returned after review, and will not be used for any other purpose.**

### Check List

### Check

- |  |                          |
|--|--------------------------|
| ① Forms No. 1-3 of this Application Package 願書 No.1-3  | <input type="checkbox"/> |
| ② One (1) letter of Recommendation 推薦状 1 通   | <input type="checkbox"/> |
| ③ Academic Transcripts, issued by the student's home institution 成績証明書   | <input type="checkbox"/> |
| ④ Language Proficiency test result (JLPT etc.) 言語能力証明  | <input type="checkbox"/> |
| You <u>must</u> submit JLPT score sheets or the results of the Japanese language section of the Examination for Japanese University Admission for International Students (EJU). If you use the result of the Japanese Language Section of EJU, please contact Center for Promotion of International Exchange, Saga University. |                          |
| ⑤ One (1) copy of Certificate of Enrollment in the home institution, issued by the student's home institution 在学証明書  | <input type="checkbox"/> |
| ⑥ Application for Certificate of Eligibility for a Status of Residence 在留資格認定証明書交付申請書  | <input type="checkbox"/> |
| ⑦ Certificate of Health 健康診断書  | <input type="checkbox"/> |
| ⑧ Financial Statement (Bank Statement, Salary certificate of your supporter, etc.) for supporting the Applicant's study abroad (At least, 60,000 yen per month) 留学費用にかかる財政証明書（銀行残高証明書、経費支弁者の給与証明など）  | <input type="checkbox"/> |
| ⑨ A copy of your passport パスポートのコピー  | <input type="checkbox"/> |
| ⑩ Portfolio (only applicable to students in <u>Art and Design major</u> ) ポートフォリオ（芸術専攻の学生のみ）<br>Up to ten images/photos of your work. If you include moving images, submit it in the format supported by Windows Media Player or Quick Time Player and within 5 minutes.   | <input type="checkbox"/> |

**E-mail: student-int@mail.admin.saga-u.ac.jp**

**Center for Promotion of International Exchange, Saga University**

**1 Honjo-machi, SAGA 840-8502, JAPAN**

**Phone: +81-952-28-8169 Fax: +81-952-28-8819 HP: <http://www.irdc.saga-u.ac.jp/>**

### **Application deadline:**

**May 15, 2021 for Fall 2022 and November 15, 2022 for Spring 2023**

- **Before sending documents, Home university must nominate students.**

No.1-A

## Saga University: Application for General Exchange Student

### 特別聴講学生（一般）願書

Starting in Fall 2022 or Spring 2023

APPLICATION FOR ADMISSION

Please attach  
your photo

(1) Program you apply for: ☒ General 特別聴講学生（一般）

(2) Name: (as it appears on your passport) 名前：パスポート記載通り

\_\_\_\_\_  
(Family) (First) (Middle)  
(Name in Chinese Characters 漢字名 \_\_\_\_\_ )

(3) Current Address: 現住所 \_\_\_\_\_

Phone (preferably cell phone number): 携帯電話番号 \_\_\_\_\_

Permanent Address 実家住所: \_\_\_\_\_

(4) Sex: 性別

☐ Male 男

☐ Female 女

Phone 電話: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact (name, relationship): 緊急連絡先（名前/関係） \_\_\_\_\_

(address/phone number/ e-mail): (住所・電話・Email) \_\_\_\_\_

(5) Marital Status 配偶者の有無

☐ Single ☐ Married

(6) Date of Birth 生年月日:

(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

(7) Country of Present Citizenship 国籍: \_\_\_\_\_

Passport information パスポート情報:

Number: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Issuing authority: \_\_\_\_\_ Date of expiration: \_\_\_\_\_

(8) As of October 1<sup>st</sup> 2022 (for those who apply for Fall 2022) or April 1<sup>st</sup> 2023 (for those who apply for Spring 2023), I am an undergraduate or graduate student of the department, institution, major, as I have specified below 佐賀大学入学時の在籍校での所属:

Home Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Major: \_\_\_\_\_

Specialization: \_\_\_\_\_

The last academic year that you have completed by the date specified above (i.e., October 1<sup>st</sup> 2022 or April 1<sup>st</sup> 2023) is 在籍校で何年生まで修了しましたか。:

☐ the 1<sup>st</sup> year, the freshman year.

☐ the 2<sup>nd</sup> year, the sophomore year.

☐ the 3<sup>rd</sup> year, the junior year.

☐ the 4<sup>th</sup> year, the senior year.

☐ the 1<sup>st</sup> year of graduate study.

(9) My expected date of completion/graduation is 卒業年見込み年月 \_\_\_\_\_(year) \_\_\_\_\_(month).

(10) The duration of stay that I would like is from October 1<sup>st</sup>, 2022 or April 1<sup>st</sup>, 2023 to:

\_\_\_\_\_ (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year)

That is, I would like to stay for ☐ one semester / ☐ one year (two semesters) 留学期間

(11) Language Proficiency Requirements 言語能力要件

**General:** You must submit JLPT score sheets or the results of the Japanese language section of the Examination for Japanese University Admission for International Students (EJU). If you use the result of the Japanese Language Section of EJU, please contact Center for Promotion of International Exchange, Saga University.

Japanese Language Proficiency Test: Score: \_\_\_\_\_ of Level: \_\_\_\_\_

(12) Educational background (beginning with the last high school you attended): (学習歴 高校以降)

Institution	Name of institution	Major field of study	Entrance and Completion (Year)
High school			
College/ University			

(13) Which do you prefer to live, in International House (Dormitory) or in a Private Apartment?

寮と民間アパートはどちらが良いか。

☐ International House ☐ Private apartment

Note: This question doesn't guarantee that you can live in the option you chose.

(14) Do you receive any scholarship from your home university or country? 自国での奨学金受給の有無

☐ Yes ☐ No

If yes, please let us know the amount per month. ( ) 月額

\*If you receive the whole amount of the scholarship just once, please divide the amount by the number of the months you plan to study in the program.

I certify that all of the information provided on these documents is complete and true to the best of my knowledge, and I agree to comply with the rules and regulations of Saga University if admitted.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Month) (Day) (Year)

\*We don't accept application without applicant's signature. 申請者のサインがない申請書は受け付けません。

## ESSAY

General: Please write in JAPANESE

300 字程度の日本語で書いてください。手書きでもいいです。

Full name 氏名: \_\_\_\_\_

Major at your home university 大学での専攻: \_\_\_\_\_

(1) Briefly summarize your motivation for applying for the exchange program.

交換留学に応募する理由を簡潔に述べてください。

(2) Briefly describe your plan of study after returning to your home university upon the completion of exchange program. 交換留学を終えて大学に戻ってからの学習計画を簡潔に述べてください。

Home University Information  
To be filled in by the program coordinator.

Program Coordinator:

\_\_\_\_\_ [print name]

\_\_\_\_\_ [Title]

\_\_\_\_\_ [Office]

\_\_\_\_\_ [University]

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_ [Signature]

**SAGA UNIVERSITY**  
Center for Promotion of International Exchange  
1 Honjo-machi, Saga 840-8502, Japan

**CERTIFICATE OF HEALTH**

Applicant's name: .....			
(Family)	(First)	(Middle)	
Date of birth: .....		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: (        ) cm			
Weight: (        ) kg			
Eye Sight: Uncorrected:	Right (        )	Left (        )	
Corrected:	Right (        )	Left (        )	
Hearing:	Right (        )	Left (        )	
Urinalysis:	Albumin (        )	Sugar (        )	Occult Blood (        )
Respiratory Organs: Chest X-ray: Please comment on condition of applicant's lungs, giving date of examination.			
Circulatory Organs: Blood Pressure:    Systolic (        )        Diastolic (        )        P.R. (        ) p.m.			
Nervous System: Please give a detailed description of any disease, including chronic ailments or physical disabilities, found.  Please give the applicant's medical history.			
Is the general state of the applicant's health in mind and body good enough for him/her to pursue the course of study contemplated in Japan?  <input type="checkbox"/> Excellent <input type="checkbox"/> With prudence, probably no serious problem <input type="checkbox"/> Adequate <input type="checkbox"/> Doubtful			

Signature: .....	Date: .....
(Physician's Name in Print): .....	
Office/Institution: .....	
Address: .....	

\* The date of certification should not be more than 6 months prior to the application deadline.  
If another type of Certificate of Health mentions all of the above examination points, it can be used in place of this form.