Saga University Program for Academic Exchange (SPACE-E) **Starting in Fall 2022 or Spring 2023**

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

Date:	(Month)	(Day)	(Year)	
Name of App	olicant:			
Home Unive	rsity:			
This applic	eation should be se	ent as a complete n	ackage containing al	l the documents specified in
			0	ffice responsible for student
				original documents by post.
				e used for any other purpose.
••		Check List	,	Check
① Forms N	o. 1-4 of this Applica	ation Package		
② One (1) 1	letter of Recommend	ation		
③ Academi	ic Transcripts, issued	by the student's home	e institution	
4 Language	e Proficiency test res	ult (i.e., TOEFL, IET	S etc.)	
Applicants for	or SPACE-E: You mu	st submit your score she	eet.	
⑤ One (1)	copy of Certificate	of Enrollment in the h	ome institution,	
issued b	y the student's home	institution		
6 Applicat	ion for Certificate of	Eligibility for a Statu	s of Residence	
7 Certifica	te of Health			
8 Financial	Statement (Bank Sta	atement, Salary certifi	cate of your supporter,	etc.)
for suppo	orting the Applicant's	s study abroad		
9 A copy o	f your passport			
10 Portfolio (only applicable to stud	ents in <u>Art and Design r</u>	<u>najor)</u>	
Up to ten	images/photos of your	r work. If you include m	oving images, submit it in	n the format
supported	d by Windows Media P	Player or Quick Time Pla	nyer and within 5 minutes.	
	<u>E-m</u>	nail: student-int@n	nail.admin.saga-u.ac	. <u>ip</u>
	Center for Pro	omotion of Interna	tional Exchange, Sag	ga 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, 2022 for Fall 2022 and November 15, 2022 for Spring 2023 Before sending documents, Home university must nominate students.

Saga University Program for Academic Exchange (SPACE-E) Starting in Fall 2022 or Spring 2023

APPLICATION FOR ADMISSION

(1) Program you apply for: ∠S	PACE-E			
(2) Name: (as it appears on your			Please attach	
			your photo	
(Family) (First				
(Name in Chinese Characte	rs)		
(3) Current Address:			(4) Sex:	
Phone (preferably cell phone				
Permanent Address:			Male	
			Female	
Phone:	Fax:		<u> </u>	
E-mail:				
Emergency contact (name, rela	tionship):			
(address/phone number/ e-mail	l/fax):			
(7)	(2) = 2=1.4			
(5) Marital Status:	(6) Date of Birth:	(5)		
☐ Single ☐ Married		•	(Year)	
(7) Country of Present Citizenship	<u>:</u>			
Passport information:	D			
Number:				
Issuing authority:	Date of ex	xpiration:		
(8) I would like to be a SPACE stu	dent of the faculty at Sa	ga University th	at I checked immediately b	elow.
* Students who want to study in th	e field of humanities and	social science dor	't have to choose any facultie	es to study
in. After reading your essay, we'	ll decide which faculty you	u study at.		
☐ Faculty of Agriculture	[☐ Faculty of So	cience & Engineering	
(9) As of October 1st 2022 (for those	se who apply for Fall 20	(22) or April 1 st (2023(for those who apply f	or Spring
2023), I am an undergraduate or g		-		
below:		1	3	
Home Institution:				
Department:	Major:_			
Specialization:				
The last academic year that you	have completed by the	date specified a	bove (i.e., October 1st 2022	2 or April
1 st 2023) is:	- ·	-		•
SPACE-E: the 1st year, the f	Freshman year. \Box the 2^{nc}	year, the sopho	more year.	
\Box the 3 rd year, the	junior year.	_		

(10) My expected	l date of completion/grad	uation is	(year) _	(month).			
	of stay that I would like nonth) (day) (per 1 st , 20)22 or April 1s	st, 2023 to:		
That is, I wo	ould like to stay for \Box o	ne semester /	\square one	year (two sem	nesters)		
SPACE-E: in SPACE-E are should be made in	roficiency Requirements You must submit a score so conducted in English, and English. If you take an I good enough. Also you of you have taken.	nd your prese Independent S	ntations Study, you	in the Field V ır language pr	Work on Japanese roficiency of Japar	Affairs I & II nese or English	
TOEFL Score:, IELTS Score:, TOEIC Score:,							
Japanese Langu	age Proficiency Test: S	core: o	or Lever:				
	Language	Proficienc Excellent Good					
	Japanese						
	English				1		
	(other)]		
(13) Educationa	l background (beginning	with the last l	high scho	ool you attend	ed):		
Institution	Name of institution				d Completion (Yea	r)	
High school							
College/ University							
☐ Inte	ou prefer to live, in Intern rnational House	ivate apartmer	nt	• ,	•		

(15) Do you receive	any scholarsh	ip from your	home university or country?
☐ Yes	□ No		
If yes, please	et us know the	amount per n	month. (
*If you receive	the whole amou	nt of the schol	arship just once, please divide the amount by the number of the months
you plan to study in t	he program.		
•		-	I on these documents is complete and true to the best of my rules and regulations of Saga University if admitted to the
Date:			Signature:
(Month)	(Day)	(Year)	

^{*}We don't accept application without applicant's signature.

ESSAY

SPACE-E: Please write in ENGLISH.

(Write Approximately 500 words in English. Use a typewriter or a word processor.)

Full name:
Major at your home university:
(1) Briefly summarize your motivation for applying for the SPACE-E program.
(2) Briefly describe your plan of study after returning to your home university upon the completion of SPACE-E.
OI STACE-E.

Pre-Registration for Independent Study

If you don't take Independent Study, you don't need to submit the form No.3.

Name:

The selection of your supervisor at Saga University will be based on the content of your study specified here. You are not allowed to change your study field after submitting this form.

The App	olicant's Intention of Studying Abroad Either With or Without Receiving a Scholarship
	confirm that the applicant, (Name:), of (Home
Institutio	n:), would like to study abroad in the SPACE program at
Saga Uni	versity, as his or her intention is specified below, having checked $\ \ $ either A $\ \square$ or B $\ \square$, as marked in
$A \square$	The applicant will study abroad in the SPACE program with tuition and fees exempted at Saga
	University even in the case that he or she does not receive a scholarship . If this is the applicant's
	intention, he or she should submit a bank account statement with his or her SPACE application
	packet that proves that it is sufficient for him or her or his or her supporter to pay 65,000-yen to
	90,000-yen (about 800 dollars) per month, which is computed from 55,000-yen for his or her
	monthly living expenses, and, possibly 10, 000-yen to 35,000-yen for monthly rent. See Housing in
	Campus Life in the SPACE brochure for the availability of rooms in the university dorm.
В 🗆	The applicant will study abroad with the tuition and fees exempted in the SPACE program at
	Saga University only if he or she receives a scholarship from Saga University. Note that every
	scholarship recipient should rent a private apartment by him- or herself and pay 25,000-yen
	to $35,\!000$ -yen for monthly rent, as there is no university dorm available for those who receive
	a scholarship.
does not a	truthful of your intention that you specify above. The above information on the applicant's intention affect Saga University's decision as to which students are to receive a scholarship. The tuition and otion is specified in the Academic/Student Exchange Agreement between your university and Saga y. The number of scholarships that SPACE students receive differs every year without notice.
	Signature of Director/Coordinator in Charge of International Student Exchange:
	, Date:
	[Print name]
	[Title]
	Phone Number:
	E-mail address:
	[Division]

_____[University]

SAGA UNIVERSITY

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

CERTIFICATE OF HEALTH

Applicant's name:								
	(Family)	(Family)		(N	(Middle)			
Date of birth:				Se	ex: 🗆 Male 🗆 Fer	nale		
Height: () cm							
Weight: () kg							
Eye Sight: Uncorrec			Left ()				
Correct	ed: Right ()	Left ()				
Hearing:	Right ()	Left ()				
Urinalysis:	Albumin ()	Sugar ()	Occult Blood ()		
Respiratory Organs:								
Chest X-ray:								
Please comment of	on condition of a	pplicant'	s lungs, giving	date of	examination.			
Circulatory Organs:								
Blood Pressure:	Systolic ()	Diastolic ()	P.R. ()	p.m.		
Nervous System:								
Please give a detaile	ed description of	any disea	ase, including c	hronic a	ailments or physical			
disabilities, found.								
Please give the appli	icant's medical l	nistory.						
Is the general state o	f the applicant's	health in	mind and body	good e	nough for him/her to	purse		
the course of study contemplated in Japan?								
☐ Excellent ☐ With prudence, probably no serious problem								
☐ Adequate ☐ Doubtful								
Signature:				Date:				
(Physician's Name i	n 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.