

**Saga University Program for Academic Exchange (SPACE-SE)
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: _____

Home University: _____

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.

<u>Check List</u>	<u>Check</u>
① Forms No. 1-3 of this Application Package	<input type="checkbox"/>
② Consent of acceptance from the desired supervisor	<input type="checkbox"/>
③ One (1) letter of Recommendation	<input type="checkbox"/>
④ Academic Transcripts, issued by the student's home institution	<input type="checkbox"/>
⑤ Language Proficiency test result (i.e., TOEFL, IETS etc.)	<input type="checkbox"/>
⑥ One (1) copy of Certificate of Enrollment in the home institution, issued by the student's home institution	<input type="checkbox"/>
⑦ Application for Certificate of Eligibility for a Status of Residence	<input type="checkbox"/>
⑧ Certificate of Health	<input type="checkbox"/>
⑨ Financial Statement (Bank Statement, Salary certificate of your supporter, etc.) for supporting the Applicant's study abroad	<input type="checkbox"/>
⑩ A copy of your passport	<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, 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-SE)
Starting in Fall 2022 or Spring 2023
 APPLICATION FOR ADMISSION

(1) Program you apply for: SPACE-SE

(2) Name: (as it appears on your passport)

(Family) (First) (Middle)

(Name in Chinese Characters _____)

Please attach
your photo

(3) Current Address: _____

Phone (preferably cell phone number): _____

Permanent Address: _____

Phone: _____ Fax: _____

E-mail: _____

Emergency contact (name, relationship): _____

(address/phone number/ e-mail/fax): _____

(4) Sex:

Male

Female

(5) Marital Status:

Single Married

(6) Date of Birth:

(Month) (Day) (Year)

(7) Country of Present Citizenship: _____

Passport information:

Number: _____ Date of issue: _____

Issuing authority: _____ Date of expiration: _____

(8) As of October 1st 2022 (for those who apply for Fall 2022) or April 1st 2023(for those who apply for Spring 2023), I am a graduate student of the department, institution, major, as I have specified below:

Home Institution: _____

Department: _____ Major: _____

Specialization: _____

(9) My expected date of completion/graduation is _____(year) _____(month).

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

____ (month) ____ (day) ____ (year)

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

(11) My expected supervisor at Saga University is _____(name)

(12) Do you receive any scholarship from your home university or country?

Yes No

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

*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 to the SPACE program.

Date: _____ Signature: _____
(Month) (Day) (Year)

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

ESSAY

SPACE-SE: 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-SE program.

(2) Briefly describe your plan of study after returning to your home university upon the completion of SPACE-SE.

The Applicant's Intention of Studying Abroad Either With or Without Receiving a Scholarship

I hereby confirm that the applicant, (Name:) _____, of (Home Institution:) _____, would like to study abroad in the SPACE program at Saga University, as his or her intention is specified below, having checked either A or B , as marked in .

- A** 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.
- B** 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.**

Please be truthful of your intention that you specify above. The above information on the applicant's intention does not affect Saga University's decision as to which students are to receive a scholarship. The tuition and fee exemption is specified in the Academic/Student Exchange Agreement between your university and Saga University. 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)	(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.