Saga University: Application for General Exchange Student

特別聴講学生(一般)願書

Starting in Fall 2023 or Spring 2024

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

Da	ate: (Month)	(Day)	(Year)		
Na	ame of Applicant	申請者名:				
Но	ome University <u>大</u>	学名:				
Th	his application	should be sent	as a complete p	ackage cont	taining all the docu	ments specified in
①-	-®, and be sent	by email to the	he email address	below thro	ugh the office respo	onsible for student
exe	change at the a	applicant's ho	<u>me university</u> . <u>I</u>	lease do NO	OT send original d	ocuments by post.
Ap	pplication mate	rials are NOT	returned after r	eview, and v	vill not be used for a	any other purpose.
			Check List		(Check
1	Forms No. 1-2 of	of this Application	on Package 願書 N	lo.1-2		
2	One (1) letter of	Recommendati	on 推薦状 1 通			
3	Academic Trans	scripts, issued by	y the student's hon	ne institution	成績証明書	
4	Language Profic	ciency test result	t (JLPT etc.) 言語能			
You	ou <u>must</u> submit JLI	T score sheets o	or the results of the	Japanese langu	uage section of the Exa	amination for Japanese
Un	niversity Admission	for International	Students (EJU). If	you use the res	sult of the Japanese Lan	guage Section of EJU,
ple	ease contact Center	for Promotion of	International Exchar	ige, Saga Unive	ersity.	
(5)	One (1) copy of	of Certificate of	Enrollment in the l	nome instituti	on,	
	issued by the s	tudent's home in	nstitution 在学証	明書		
6	Application for	Certificate of El	ligibility for a Stati	us of Residenc	ce (in Excel format)	
	在留資格認定認	正明書交付申請	青書(EXCEL のま	ま送付)		
7	Certificate of H	ealth 健康診問	折書			
8	Financial Stater	nent (Bank State	ement, Salary certi	ficate of your	supporter, etc.)	
	for supporting t	he Applicant's s	tudy abroad <u>(At le</u> s	ast, 60,000 ye	n per month)	
	留学費用にかれ	いる財政証明書	萨 (銀行残高証明	書、経費支針	幹者の給与証明など)) 🔲
9	A copy of your	passport パス	ボポートのコピー			
10	Portfolio (only app	plicable to studen	ts in <u>Art and Design</u>	major) ポー	トフォリオ(芸術専攻	(の学生のみ)
	Up to ten images	/photos of your w	ork. If you include r	noving images,	submit it in the format	
	supported by Win	ndows Media Play	yer or Quick Time Pl	ayer and within	n 5 minutes.	
		<u>E-mai</u>	il: student-int@1	nail.admin.	saga-u.ac.jp	
	Co	enter for Pron	notion of Interna	tional Exch	ange, Saga Univers	sity
		1 H	onjo-machi, SA	GA 840-8502	2, JAPAN	
Ph	ione: +81-952-2	8-8169 Fax:	+81-952-28-881	9 HP: http	s://www.irdc.saga-u	Lac.in/ia/

Application deadline:

May 15, 2023 for Fall 2023 and November 15, 2023 for Spring 2024

Before sending documents, Home university must nominate students.

 3×4

Saga University: Application for General Exchange Student

特別聴講学生(一般)願書

Starting in Fall 2023 or Spring 2024

APPLICATION FOR ADMISSION

Please attach

(1) Program you apply for: ☑General 特別聴講学 (2) Name: (as it appears on your passport) 名前:パ		
(Family) (First) (Middle	e)	
(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:		
Emergency contact (name, relationship):緊急連絡先		
(address/phone number/ e-mail): (住所・電話・Em	nail)	
(5) Marital Status 配偶者の有無 (6) Date of Birth	生年月日:	
☐ Single ☐ Married (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		
(8) As of October 1 st 2023 (for those who apply for Fall 2 2024), I am an undergraduate or graduate student of the below 佐賀大学入学時の在籍校での所属: Home Institution:	e department, institution,	
Department: Major	1	
Specialization:		
The last academic year that you have completed by th 1st 2024) is 在籍校で何年生まで修了しましたか。	•	i.e., October 1st 2023 or Apri
\Box the 1 st year, the freshman year.	\Box the 2 nd year, the sor	shomore vear
ine i year, the iresiman year.	\square the 2 year, the sof	momore year.
the 3 rd year, the junior year.	\Box the 4 th year, the sen	· · · · · · · · · · · · · · · · · · ·

(9) My exp	ected da	te of completion/gradu	ation is	卒業年見込	み年月 _	(year)	(month	1).	
_	(mo	f stay that I would like nth) (day) (d like to stay for	year)		-		7学期間		
Gener Examination Japanese L University. Japanese I	ral: Yoon for Ja anguage	iciency Requirements ou must submit JLPT panese University Adn e Section of EJU, please Proficiency Test: Seckground (beginning w	score she nission fo ase conta	eets or the resort International content Center for of Level:	al Students Promotion	(EJU). If you	use the ronal Exch	esult of the	
`	tution	Name of institution			•				
High	school								
	lege/ ersity								
寮と国	民間アパ Intern	prefer to live, in Intern パートはどちらが良い ational House ロ Pri tion doesn't guarantee	カン。 ivate apai	rtment	•	-	tment?		
(14) Do you		e any scholarship from No	your hon	ne university	or country?	自国での数	奨学金受 約	合の有無	
If yes,	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 s	study in t	he program.							

ate:			Signature:
` '	(Day)	` /	
*We don't acce	ot application	without app	plicant's signature. 申請者のサインがない申請書は受け付けません。
			University Information
	<u>To</u>	be filled i	in by the program coordinator.
	Program Coo	dinator:	
			[print name]
			[Title]
			[Office]
			[Office]
			[University]
	Phone Numbe	er:	
	E-mail addres	s:	

[Signature]

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。

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:				Se	ex: 🗆 Male 🗆 F	emale			
Height: () cm								
Weight: () kg								
Eye Sight: Uncorre	ected: Right ()	Left ()					
	eted: Right ()	Left ()					
Hearing:	Right ()	Left ()					
Urinalysis:	Albumin ()	Sugar ()	Occult Blood ()			
Respiratory Organs	S:								
Chest X-ray:									
Please comment	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 detail	led description of	any disea	ase, including c	hronic	ailments or physica	ıl			
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?									
☐ Excellent ☐ With prudence, probably no serious problem									
☐ Adequate ☐ Doubtful									
Signature:				Date:					
(Physician's Name in Print):									
Address:									
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.