

Saga University: Application for Academic Exchange (SPACE-ECON)

SPACE-ECON 願書

Starting in Spring 2024 or Fall 2024

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 A bank statement of the amount of money, yen-converted amount, to support the applicant's study abroad 銀行残高証明	<input type="checkbox"/>
⑨ A copy of your passport パスポートのコピー	<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: <https://www.irdc.saga-u.ac.jp/>

Application deadline:

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

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

No.1-A

Saga University: Application for Academic Exchange (SPACE-ECON)

SPACE-ECON 願書

Starting in Spring 2024 or Fall 2024
APPLICATION FOR ADMISSION

Please attach
your photo

(1) Program you apply for: ☒SPACE-ECON

(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

(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 expiration: _____

(8) As of April 1st 2024 (for those who apply for Spring 2024) or October 1st 2024 (for those who apply for Fall 2024), 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., April 1st 2024 or October 1st 2024) is 在籍校で何年生まで修了しましたか。:

☐ the 1st year, the freshman year.

☐ the 2nd year, the sophomore year.

☐ the 3rd year, the junior year.

☐ the 4th year, the senior year.

☐ the 1st 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 April 1st, 2024 or October 1st, 2024 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

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 month prior to the application deadline.
If another type of Certificate of Health mentions all the above examination points, it can be used in place of this form.