**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 □
2. One (1) letter of Recommendation推薦状１通 □
3. Academic Transcripts, issued by the student’s home institution　成績証明書 □
4. Language Proficiency test result (JLPT etc.) 言語能力証明　　 □

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.

1. One (1) copy of Certificate of Enrollment in the home institution,

issued by the student’s home institution　在学証明書 □

1. Application for Certificate of Eligibility for a Status of Residence

在留資格認定証明書交付申請書 □

1. Certificate of Health　健康診断書 □
2. A bank statement of the amount of money, yen-converted amount,

to support the applicant’s study abroad　銀行残高証明 □

1. A copy of your passport 　パスポートのコピー □

**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/**](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**

Please attach your photo

APPLICATION FOR ADMISSION

(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.

No.1-B

(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。

No. 2

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。 |
| 1. 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。
 |

No. 3

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: □ Male □ 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?

 □ Excellent □ With prudence, probably no serious problem

 □ Adequate □ 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.