

Saga University Program for Academic Exchange (SPACE-ARITA)
Starting in Fall 2024 or Spring 2025

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 ①-⑨, and be sent to the address below through the office responsible for student exchange at the applicant's home university. Application materials are NOT returned after review, and will not be used for any other purpose.

<u>Check List</u>	Check
① Forms No. 1-2 of this SPACE Application	<input type="checkbox"/>
② One (1) letter of Recommendation	<input type="checkbox"/>
③ Academic Transcripts, issued by the student's home institution Language Proficiency test result, if you have taken any.	<input type="checkbox"/>
④ One (1) copy of Certificate of Enrollment in the home institution, issued by the student's home institution	<input type="checkbox"/>
⑤ Application for Certificate of Eligibility for a Status of Residence	<input type="checkbox"/>
⑥ Certificate of Health	<input type="checkbox"/>
⑦ Financial Support Statement (3500USD for 1 semester /7000USD for 1 year)	<input type="checkbox"/>
⑧ A copy of your passport	<input type="checkbox"/>
⑨ Portfolio: Up to ten images/photos of your work within 8MB must send e-mail to Center for Promotion of International Exchange, Saga University. If you include moving images, that format should be supported by Windows Media Player or Quick Time Player and within 5 minutes.	<input type="checkbox"/>

□
Center for Promotion of International Exchange, Saga University
1 Honjo-machi, SAGA 840-8502, JAPAN

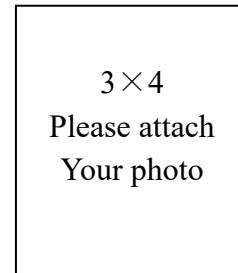
Phone: +81-952-28-8169 Fax: +81-952-28-8819 E-mail: student-int@mail.admin.saga-u.ac.jp

HP: <http://www.irdc.saga-u.ac.jp/>

Application is due in this office by:
May 15, 2024 for Fall 2024 and November 15, 2024 for Spring 2025

No.1-A

Saga University Program for Academic Exchange (SPACE-ARITA)
Starting in Fall 2024 or Spring 2025
APPLICATION FOR ADMISSION



(1) Program you apply for: SPACE-ARITA

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

(Family) (First) (Middle)

(Name in Chinese Characters _____)

(3) Current Address: _____

Phone: _____

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 2024 (for those who apply for Fall 2024) or April 1st 2025 (for those who apply for Spring 2025), I am an undergraduate or 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, 2024 or April 1st, 2025 to:

_____ (month) _____ (day) _____ (year)

That is, I would like to stay for one semester

ESSAY

Please write in ENGLISH.

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

Full name 氏名: _____

Major at your home university 大学での専攻: _____

- (1) Briefly summarize your motivation for applying for the SPACE-ARITA program.
SPACE-ARITA プログラム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 SPACE-ARITA. SPACE-ARITA プログラム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:		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.

佐賀大学経費支弁書
SAGA UNIVERSITY
FINANCIAL SUPPORT STATEMENT

在留資格認定証明書の申請に先立ち、佐賀大学は経費支弁書の保管が必要であり、本情報は佐賀大学に入学予定の非居住者の学生に財政支援を行うことに同意した個人または機関から提供されるものである。

Prior to issuing a COE, Saga University must have a financial statement on file. This information is to be provided by the person or agency who has agreed to provide financial support for a non-immigrant student at Saga University.

経費支弁者名 : _____
Financial Supporter's Name: _____

経費支弁者の職業 : _____
Financial Supporter's Occupation: _____

経費支弁者の住所 : _____
Financial Supporter's Address: _____

経費支弁者との関係: _____
Relationship with Financial Supporter: _____

経費支弁者の年収
Financial Supporter's Annual Salary USD\$: _____

経費支弁者預金残高
Financial Supporter's Saving Account USD\$: _____

日本における半年の滞在費 **\$ 3,500**
Estimated cost of staying in Japan for a semester
日本における1年の滞在費 **\$ 7,000**
Estimated cost of staying in Japan for one year

私は佐賀大学に入学予定の学生 _____ に年間約 3,500/7,000 ドルの支援をするつもりである。

I do intend to make contributions of approximately \$3,500/\$7,000 per year in support of _____ who is a prospective student of Saga University.

経費支弁者による誓約
OATH OR AFFIRMATION OF SPONSOR

私は、ここに記載された情報が真実であり、正確であることを誓います。
I swear that the information supplied on this Financial Support Statement is true and correct.

経費支弁者署名
Signature of Financial Supporter: _____

日付
Date: _____

経費支弁者の銀行残高証明書を一緒に提出してください。
自国で奨学金をもらう方はその証明を出してください。
Please attach the bank statement of financial supporter indicating that the above stated funds are available. If you receive some scholarship in your country, please attach the certificate.