## Saga University: Application for General Exchange Student

### 特別聴講学生(一般)願書

#### Starting in Fall 2024 or Spring 2025

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

Date:	(Month)	(Day)	(Year)			
Name	e of Applicant 申請者名:					
Home	e University <u>大学名:</u>					
This	application should be sent	as a complete pa	ickage con	taining all the	documents specified	in
①-⑩	), and be sent by email to th	e email address	below <u>thro</u>	ugh the office	responsible for stud	<u>ent</u>
<u>exch</u>	ange at the applicant's hor	ne university. P	lease do No	<u>OT send origin</u>	nal documents by po	<u>st.</u>
Appl	lication materials are NOT	returned after re	view, and v	vill not be used	for any other purpo	se.
		Check List			Check	
① F	forms No. 1-2 of this Application	n Package 願書 No	o.1 <b>-</b> 2			
② C	One (1) letter of Recommendation	m 推薦状1通				
3 A	Academic Transcripts, issued by	the student's home	e institution	成績証明書		
4 L	anguage Proficiency test result	(JLPT etc.) 言語能	力証明			
You <u>r</u>	nust submit JLPT score sheets or	the results of the J	apanese lang	uage section of th	e Examination for Japan	ese
Unive	ersity Admission for International	Students (EJU). If y	ou use the res	sult of the Japanes	e Language Section of E	JU,
please	e contact Center for Promotion of I	nternational Exchang	ge, Saga Univ	ersity.		
<b>(5)</b>	One (1) copy of Certificate of E	Enrollment in the h	ome instituti	on,		
i	issued by the student's home in	stitution 在学証院	明書			
(6) A	Application for Certificate of Eli	gibility for a Statu	s of Residen	ce (in Excel form	nat)	
<b>1</b>	E留資格認定証明書交付申請	書(EXCEL のま	ま送付)			
⑦ C	Certificate of Health 健康診断	書				
8 F	inancial Support Statement (35)	00USD for 1 seme	ster /7000US	SD for 1 year)		
	生賀大学経費支弁書(1 学期に		引 7000USD)	)		
9 A	A copy of your passport パス	ポートのコピー				
① Po	ortfolio (only applicable to students	s in <u>Art and Design n</u>	<u>najor)</u> ポー	トフォリオ(芸術	<b>∮専攻の学生のみ)</b>	
Ţ	Up to ten images/photos of your wo	ork. If you include m	oving images,	submit it in the fo	ormat	
S	supported by Windows Media Playe	er or Quick Time Pla	yer and within	n 5 minutes.		
	<u>E-mail</u>	: student-int@m	<u>ıail.admin.</u>	saga-u.ac.jp		
	Center for Prome	otion of Internat	tional Exch	ange, Saga Un	iversity	
	1 Ho	onjo-machi, SAC	GA 840-850	2, JAPAN		
Phor	ne: +81-952-28-8169 Fax:	+81-952-28-8819	HP: http	s://www.irdc.sa	aga-u.ac.jp/ja/	

# **Application deadline:**

May 15, 2024 for Fall 2024 and November 15, 2024 for Spring 2025

• Before sending documents, Home university must nominate students.

# Saga University: Application for General Exchange Student

# 特別聴講学生(一般)願書

# **Starting in Fall 2024 or Spring 2025**APPLICATION FOR ADMISSION

3×4

<u>Please attach</u>

<u>your photo</u>

写真貼付

(3) Current Address:現住所	(4) Sex:性別 □ Male 男 □ Female 女
Phone (preferably cell phone number):携帯電話番号	(4) Sex:性別 □ Male 男 □ Female 女
Phone (preferably cell phone number):携帯電話番号	(4) Sex:性別 □ Male 男 □ Female 女
Phone 電話:	□ Male 男 □ Female 女
Phone 電話:	□ Male 男 □ Female 女
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:	
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:	
(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)	
_ Single _ Martied (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 October 1st 2024 (for those who apply for Fall 2024) or April 1st 2025	
2025), I am an undergraduate or graduate student of the department, institution	on, major, as I have specific
below 佐賀大学入学時の在籍校での所属:	
Home Institution:	
Department: Major:	
Specialization:	

(9) My expected date of	completion/gradu	ation is	卒業年見込	み年月	(year)	(month).
(10) The duration of stay (month) _ That is, I would like	(day) (	year)		•		学期間
(11) Language Proficience General: You mu Examination for Japanese Japanese Language Sec University.  Japanese Language Proficience (12) Educational background	se University Adn tion of EJU, plea officiency Test: S	score sheenission for ase contacted core:	ets or the reser International ct Center for of Level:	al Students (E Promotion o	JU). If you u	use the result of the nal Exchange, Sa
	ne of institution					
High school		3	J			
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	_	your hom	e university	or country?	自国での奨:	学金受給の有無
If yes, please let us		_		)	月額	
*If you receive the w		scholarshi	p just once, ple	ase divide the a	mount by the	number of the mon
you plan to study in the pro	ogram.					

•			_ Signature:	
JUTTE 1 A.	(Day)	` '		
*We don't accep	ot application	without appli	icant's signature.	申請者のサインがない申請書は受け付けません。
		Home U	Jniversity Inform	nation
	<u>Tc</u>	be filled in	by the program	coordinator.
1	Program Coor	dinator:		
j				[print name]
-				
-				[Title]
				[Office]
-	<del> </del>			[0.11100]
-				[University]
1	Phone Numbe	r·		

### **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)	(N	/liddle)	•••••	
Date of birth: Sex: ☐ Male ☐ Female						Female	
Height: (	) cm						
Weight: (	) kg						
Eye Sight: Uncorrec	eted: Right (	)	Left (	)			
Correct	ed: Right (	)	Left (	)			
Hearing:	Right (	)	Left (	)			
Urinalysis:	Albumin (	)	Sugar (	)	Occult Blood (	( )	
Respiratory Organs:							
Chest X-ray:							
Please comment of	on condition of a	pplicant	's lungs, giving	date of	examination.		
Circulatory Organs:	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							
<u> </u>							
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 USI	D\$:
もりである。 I do intend to make contributions of approximations	year _に年間約 3,500/7,000 ドルの支援をするつ
経費支弁者に OATH OR AFFIRMATION 私は、ここに記載された情報が真実であ I swear that the information supplied on this Fi	NOF SPONSOR り、正確であることを誓います。
経費支弁者署名	日付
Signature of Financial Supporter:	Date:
経費支弁者の銀行残高証明書を一緒に提出 自国で奨学金をもらう方はその証明を出し Please attach the bank statement of financial	

are available. If you receive some scholarship in your country, please attach the certificate.