Saga University Program for Academic Exchange (SPACE)

Fall 2009-Spring 2010

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 applicant's home university. Your application materials are NOT returned after review, and will not be used for any other purpose.

Check List	Check
① Forms No. 1-4 of this SPACE Application Package,	☐
Please double-check whether the staff in Charge of Students' Exchange at your home institution confirmed your GPA computation in (14), No. 1-C.	☐
② Letters of Recommendation	☐
③ Academic Transcripts, issued by the student's home institution	☐
④ 2 copies of Certificate of Enrollment in the home institution, issued by the student's home institution	☐
⑤ Certificate of Enrollment of the Applicant for JASSO Short-term Student Exchange Program (Inbound) Scholarship (#5)	☐
⑥ Application for Certificate of Eligibility for a Status of Residence (#6)	☐
⑦ Certificate of Health (#7)	☐
⑧ A bank statement of the amount of money, yen-converted amount, to support the applicant's study abroad **if he or she would like to study abroad in the SPACE program even without receiving a JASSO scholarship as he or she has specified in #4 of the application form**	☐
⑨ 5 identical photographs of the upper half of your body, plain background, 4cm×3cm. Paste two on the application forms, and enclose a plastic transparent small bag containing the other three in your application package	☐

Note: If you are awarded a JASSO scholarship, you will receive a one-time travel allowance of 150, 000 yen **within one week after you come to Saga University**.

International Student Center, Saga University
1 Honjo-machi, SAGA 840-8502, JAPAN
Phone: +81-952-28-8169 Fax: +81-952-28-8819
E-mail: space@cc.saga-u.ac.jp
HP: http://www.isc.saga-u.ac.jp/

Application is due in this office on February 27th, 2009.

No.1-A

Saga University Program for Academic Exchange (SPACE)

Fall 2009-Spring 2010

APPLICATION FOR ADMISSION

Photograph (4cm × 3cm) taken within the last 6 months

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

_____

(Family) (First) (Middle)

（Name in Chinese Characters _____ ）

(2) Current Address:_____ (3) Sex:

Phone:_____

Permanent Address:_____ ☐ Male

_____ ☐ Female

Phone:_____ Fax:_____

E-mail:_____

Emergency contact (name, relationship): _____

(address/phone number/ e-mail/fax): _____

_____

(4) Marital Status: (5) Date of Birth:

☐ Single ☐ Married (Month) (Day) (Year)

(6) Country of Present Citizenship:_____

Passport information:

Number:_____ Date of issue:_____

Issuing authority:_____ Date of expiration:_____

(7) I would like to be a SPACE student of the following faculty at Saga University. Check the faculty.

☐ Faculty of Culture & Education, ☐ Faculty of Economics,

☐ Faculty of Agricultural Sciences, ☐ Faculty of Science & Engineering

(8) As of October, 1st, 2009, I am an undergraduate student of the department, institution, major, as I have specified below:

Home Institution:_____

Department:_____ Major:_____

Note: <u>If you are not an undergraduate student on the day of October 1st, 2009, you cannot apply for the SPACE program.</u>

The last academic year that you have completed by October, 1st, 2009 is:

☐ the 2nd year, the sophomore year.

☐ the 3rd year, the junior year.

Semester Periods: _____ (month) to _____ (month); _____ (month) to _____(month) ; _____ (month) to _____ (month) . The home institution is in vacation in the other periods.

(9) **The duration of stay that I would like is from October 1st, 2009 to:**

a. ☐ the middle/end of August 2009 or the beginning of September 2009, specifically _____(month)_____(day).

b. ☐ the middle/end of September 2009, specifically _____(month)_____(day).

Scholarship recipients that choose item A cannot receive the September scholarship stipend. When you mark a box ☐, and specify the date, consider when the semester at your home institution begins, for example. For each recipient to change which month of scholarship would be the last one requires undue administrative work. Be very careful in marking a box and specifying the date here.

(10) Language Proficiency Requirements

Elective subjects of lecture and discussions are conducted in English, and your presentations in the Field Work on Japanese Affairs I & II should be made in English. If you take an Independent Study, your language proficiency of Japanese or English is required to be good enough. Please submit your score of TOEFL. Also you might want to submit the score of the level of Japanese Language Proficiency Test if you have taken.

TOEFL Score: _____

Japanese Language Proficiency Test: Score: ____ of Level:____

Language	Proficiency		
	Excellent	Good	Fair
Japanese			
English*			
(other)_____			

(11) Have you ever studied Japanese? ☐Yes ☐No If yes, fill in the blanks of your Japanese language formal education experience at a university level.

Name of institution	Place	Period	Hours per week
		～	
		～	

Title(s) of the textbook(s) you have used, and the lesson until which you have learned: textbook: _____, lesson:

(12) Specify your language proficiency concerning the grammar items below if you have ever studied Japanese by checking either ☐**A**, ☐**B**, ☐**C** as specified below, like ☑A.

・both /te/-forms and the plain forms, e.g., '作らない', '食べて': ☐**A** ☐**B** ☐**C**.

・both passive and causative, e.g., '読まれる', '書かせた': ☐**A** ☐**B** ☐**C**.

A: not yet learned **B**: learned, but am not confident in using it in speaking and listening comprehension **C**: learned and am confident in using it in speaking and listening

comprehension.

(13) Educational background (beginning with the last high school you attended):

Institution	Name of institution	Major field of study	Entrance and Completion (Year)
High school		NA	
College/ University			

(14) VERY IMPORTANT! The administrative staff in charge of students' international exchange at your home institution [_____ (print name), (_____ (signature)] double-checked and confirmed that the applicant's GPA in the transcripts of his or her academic records is:

_____ OUT OF THE 3.00 SCALE BY THE JASSO GPA COMPUTATION METHOD.

The GPA of the JASSO computation method is computed by the sum of each grade multiplied its credits divided by the sum of the credits as a whole, or [(Number of Credits with the score of thee (3)) Multiplied by 3 + (Number of Credits with the score of two (2)) Multiplied by 2) + (Number of Credits with the score of one (1)) Multiplied by 1)] / Number of Earned Credits in Total. The score of 80 or higher (out of 100) is 3, the score of 70 or higher (out of 100) is 2, the score of 60 or higher (out of 100) is 1 and the score less than 60 (out of 100) is 0.

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 to the SPACE program.

Date:_____ Signature:_____

(Month) (Day) (Year)

No. 2

ESSAY

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

Full name:_____

Major at your home university:_____

(1) Briefly summarize your motivation for applying for the SPACE program.
(2) Briefly describe your plan of study after returning to your home university upon the completion of SPACE.

No. 3-A

Pre-Registration in the SPACE Program

I would like to enroll at Saga University in the following courses/subjects/independent study, as I checked the boxes below.

I. Obligatory [8 credits]:

☑ *Japanese Language Course* [6 credits]

☑ *Field Work on Japanese Affairs I* or *II* [2 credits]

II. Electives [4 credits or more]:

Note: You are required to take four (4) credits or more from among the following lecture/discussion subjects or independent study each semester.

A. Subjects of lecture/discussions [2credits for each]:

Fall

☐ **Japanese and English**	☐ **Creating WEB Pages on Japan**	☐ **Japan & Southeast Asia in the Colonial & Postcolonial World**
☐ **Development Economics**	☐ **Introduction to Mechanical Engineering from the perspective of Modern Technology**	☐ **Electromagnetic Devices**
☐ **Vegetables in Japan**	☐ **Field Methods in Linguistics**	

Spring

☐ **Culture and Chemistry**	☐**Developing WEB Pages on Japan**	☐ **The origin of Pacifist Japan**
☐ **Topics for Structural and Material Engineering**	☐ **Introduction to Organic Chemistry**	☐ **Glycobiology**
☐ **Agricultural and Environmental Sciences**	☐ **Field Methods in Linguistics**	

B. Independent Study [equal to or less than 2 credits]:

Note: You can choose 'Independent Study'. You need to fill the form 3-B on the following pages if you would like to take an independent study.

☐ ***Independent Study*** [2 credits]

- Faculty of Culture & Education
- Faculty of Economics
- Faculty of Science & Engineering
- Faculty of Agriculture

No. 3-B

Pre-Registration of Independent Study

Name:_____

Home Institution:_____

▪ Faculty of Culture & Education, Faculty of Economics, Faculty of Science and Engineering, and Faculty of Agriculture offer independent studies.

I would like to take Independent Study *as follows:*

▪ The semesters of my registration for *Independent Study* are:

☐ Fall 2009 and/or ☐ Spring 2010

▪ The field in which I would like to take Independent Study is: _____

_____

_____

_____

_____

▪ The topic of my Independent Study is: _____

_____

_____

_____

_____

▪ The professor under whose supervision I would like to study is*:

Professor's Name: _____

Faculty: _____

* If you take an independent study with a professor in the Department of Agriculture, choose a professor from the enclosed list 'Academic Staff in Faculty of Agriculture'.

▪ I would like the Faculty of Saga University _____ (faculty) to choose a particular professor according to the field and topic that I specified immediately above.

Note: Each professor can accept only one SPACE student for Independent Study.

The selection of your supervisor at Saga University will be based on the content of your study specified here. You are not allowed to change your study field after submitting this form.

(SPACE)

The Applicant's Intention of Studying Abroad Either With or Without Receiving a Scholarship

I hereby confirm that the applicant, Name: _____, Home Institution: _____, would like to study abroad in the SPACE program at Saga University, as in his or her intention is specified below, checking either A ☐ or B ☐, as marked in ☑.

A ☐ The applicant will study abroad in the SPACE program with tuition and fees exempted at Saga University **even in the case that he or she does not receive a JASSO scholarship**. If this is the applicant's intention, he or she should **submit a bank account statement with his or her SPACE application packet** that proves that it is sufficient for him or her or his or her supporter to pay **65,000-yen to 90,000-yen (about 800 dollars) per month**, which is computed from 55,000-yen for his or her monthly living expenses, and, possibly 10, 000-yen to 35,000-yen for monthly rent.

B ☐ The applicant will study abroad with the tuition and fees exempted in the SPACE program at Saga University **only if he or she receives a JASSO scholarship**. **Note that he or she, or a JASSO scholarship recipient, should rent a private apartment by him- or herself and to pay 25,000-yen to 35,000-yen for monthly rent as there is no university dorm available for those who receive a JASSO scholarship from the last year.**

Please be truthful of your intention that you specify above. The above information on the applicant's intention does not affect Saga University's decision as to which students are to receive a JASSO scholarship. The tuition and fee exemption is specified in the Academic/Student Exchange Agreement between your university and Saga University. The number of JASSO scholarship recipients was 15, and the number of the students without receiving any scholarship was 8 in the 2008-09 SPACE program, for example. The number of JASSO scholarships that SPACE students receive differs every year without notice.

Signature of Director in Charge of International Student Exchange:

_____, date: _____

_____ [print name]

_____ [Title]

Phone Number: _____

E-mail address: _____

_____ [Division]

_____ [University]

INSTRUCTIONS

for filling in JASSO scholarship form #5, **JASSO Form 3-3**

JASSO Form 3-3 is on the next page.

1. Type or print.
2. Name of your home institution
3. Department/School: if not applicable, write your major.
4. Course/Grade (School year): Check undergraduate, and write the year in the program you are currently enrolled in. **There would be no option of MA or PhD here in the SPACE program.**
5. **Note! 'Expected date of completion/graduation':** You need to write the month and the year when you expect to complete your current degree program at your home institution **if you study in the SPACE program.**
6. Degree to be awarded: Write the degree you are currently pursuing.
   Major: Your major at your home university
7. Host institution in Japan: Saga University
8. **Note! 'Name, Title, and Signature': The authorized person at the application's home institution, NOT the applicant, should fill in all of the form, including his or her name, title, and signature.**

EXAMPLE 別紙様式 3-3 (No. 5)

短期留学推進制度（受入れ）候補者在籍証明書

Certificate of Enrollment of the Applicant for
JASSO Short-Term Student Exchange Promotion Program (Inbound)Scholarship

独立行政法人日本学生支援機構　理事長　殿

To: President, Japan Student Services Organization(JASSO)

下記の独立行政法人日本学生支援機構短期留学推進制度（受入れ）奨学金等支給申請者は、ここに記載のとおり、本学に在籍していることを証明します。

This is to certify that the following JASSO Short-Term Student Exchange Promotion Program(Inbound)Scholarship applicant is registered as a regular student at our institution in the following capacity.

申請者氏名 Name of applicant	***WOOD, Elena M***
在籍大学名 Name of institution	***University of Moon at Urbana-Champaign***
在籍学部／研究科 Faculty/School	***Department of Economics***
在籍課程／学年*1 Course/Grade(school year)*1	☑ 学部(Undergraduate) ☐ ~~短大(Junior College)~~ ☐ ~~修士(Master's)~~ ☐ ~~博士(Doctorate)~~ 学年Grade(School year) ***3rd Year***
卒業／修了予定年月日*2 Expected date of completion/graduation*2	年 Year: ***2010*** 月 Month: ***September***
取得予定学位 Degree to be awarded	☑ 学士(Bachelor's degree) ☐ ~~準学士(Associate degree)~~ ☐ ~~修士(Master's degree)~~ 専攻Major ☐ ~~博士(Doctor's degree)~~ ***Economics***
留学先大学名 Host institution in JAPAN	SAGA University

提出年月日 **2008** 年 **8** 月 **15** 日
Date Year Month Day

氏名 ***TAYLOR, Brian F***
Name

職名 ***Director, International Affairs Division, University of Moon at Urbana-Champaign***
Title

署名 *Brian Taylor*
Signature

*1 申請時の学年を記入してください。
*1 Please fill in the school year at the time of application.
*2 日本に短期留学した場合の卒業/修了年月日を記入してください。
*2 Expected date is the one when you expect to complete your current degree or program at your home institution **if you study in the SPACE program.**

注：申請者の在籍大学の責任者が記入してください。
Note: Authorized personnel of the applicant's home institution, and not the student, should fill out this form.

※ ご記入いただいた情報は、奨学金支給業務のために利用されます。また、行政機関及び公益法人等から奨学金の重複受給の防止等のために照会があった場合は、適正な範囲内においてこの情報が必要に応じて提供されます。

Information submitted here will only be used to the extent of this Program. However, this information, when deemed appropriate, may be presented to administrative institutions and public-service organizations upon request to prevent disbursement of multiple scholarships to a single recipient.

別紙様式 3-3 (No. 5)

短期留学推進制度（受入れ）候補者在籍証明書

Certificate of Enrollment of the Applicant for
JASSO Short-Term Student Exchange Promotion Program (Inbound) Scholarship

独立行政法人日本学生支援機構　理事長　殿
To:　President, Japan Student Services Organization(JASSO)

下記の独立行政法人日本学生支援機構短期留学推進制度（受入れ）奨学金等支給申請者は、ここに記載のとおり、本学に在籍していることを証明します。
This is to certify that the following JASSO Short-Term Student Exchange Promotion Program(Inbound)Scholarship applicant is registered as a regular student at our institution in the following capacity.

申請者氏名 Name of applicant	
在籍大学名 Name of institution	
在籍学部／研究科 Faculty/School	
在籍課程／学年*1 Course/Grade(school year)*1	□　学部(Undergraduate) □　短大(Junior College) □　修士(Master's) □　博士(Doctorate)　学年 Grade(School year) _____
卒業／修了予定年月日*2 Expected date of completion/graduation*2	年　Year　月　Month
取得予定学位 Degree to be awarded	□　学士(Bachelor's degree) □準学士(Associate degree) □　修士(Master's degree)　専攻 Major □　博士(Doctor's degree) _____
留学先大学名 Host institution in JAPAN	

提出年月日　年　月　日
Date　Year　Month　Day

氏名
Name _____

職名
Title _____
署名
Signature _____

*1 申請時の学年を記入してください。
*1 Please fill in the school year at the time of application.
*2 日本に短期留学した場合の卒業/修了年月日を記入してください。
*2 Expected date is the one when you expect to complete your current degree or program at your home institution **if you study in the SPACE program.**

注：申請者の在籍大学の責任者が記入してください。
Note: Authorized personnel of the applicant's home institution, and not the student, should fill out this form.

※　ご記入いただいた情報は、奨学金支給業務のために利用されます。また、行政機関及び公益法人等から奨学金の重複受給の防止等のために照会があった場合は、適正な範囲内においてこの情報が必要に応じて提供されます。
Information submitted here will only be used to the extent of this Program. However, this information, when deemed appropriate, may be presented to administrative institutions and public-service organizations upon request to prevent disbursement of multiple scholarships to a single recipient.

Instructions for Filling in Parts 1-3 of
Application Form #6 for Certificate of Eligibility, which follows this page
(You can also download Parts 1-3 at
http://www.moj.go.jp/ONLINE/IMMIGRATION/16-1-1.pdf)

Fill in the application form.

N.B. Part 1: Write '**No**' in #15 Accompanying persons if any ____.

Part 3: Be specific in #31 if you will study with our own funds, including the support from your financial supporter, e.g., your family. Write in #31 if you receive a JASSO scholarship.

SAGA UNIVERSITY

International Student Center

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 boy good enough for him/her to purse 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 of the above examination points, it can be used in place of this form.