

**KANAZAWA UNIVERSITY STUDENT EXCHANGE PROGRAM
(SEMESTER PROGRAM 2015 / Program D)
APPLICATION PACKAGE**

※ Use this sheet as the coversheet.

Name of Applicant _____

Applicant's Home Institution _____

This application (cover sheet plus 9 pages in total) **should be sent through the office responsible for student exchange** at the applicant's home institution along with the documents below.

Check List

1 Academic Record (issued by applicant's home institution)	[original]	<input type="checkbox"/>
2 Photos of the applicant (4 clear copies, 3x4cm, applicant's name written on the back) (Plain background, No hat except religious scarf, High quality photo (not printed from PC). Please be careful to sign your photos sometimes it will get smudge of ink and may ruin your photos.)	[original]	<input type="checkbox"/>
3 Agreement for Defraying Expenses (PDF format) with Statement of Bank Account Balance (equivalent to JPY 500,000) (A minimum amount of living cost in Kanazawa would be JPY 80,000 per month. Therefore if you participate in this program, we would like you to make sure that you will be able to afford necessary costs for your stay in Japan. Students applying for the Semester Program should enclose a bank balance verifying that they have funds equivalent to JPY 500,000.)	[original]	<input type="checkbox"/>
4 Copy of applicant's passport (if unavailable at this time, send it as soon as possible)	[copy]	<input type="checkbox"/>
5 Proof of English proficiency (non-native English speakers only)	[copy]	<input type="checkbox"/>
6 Proof of Japanese Proficiency Test of N3 or higher (or a letter of recommendation)	[copy]	<input type="checkbox"/>

Deadline: Friday, November 21 2014

※ This form is for students who wish to enter Kanazawa University in April 2015.

International Student Section, Global Affairs Support Office
Kanazawa University
Kakuma, Kanazawa, 920-1192 Japan

FAX : +81-76-234-4043

E-mail : st-exch@adm.kanazawa-u.ac.jp

INSTRUCTIONS

- Applications should be written in Japanese or English.
- Applications should be typed or written in block letters.
- Numbers should be in Arabic figures.
- Years should be written according to the Western calendar.
- Proper nouns should be written in full, no abbreviations.

1. Name (in Roman alphabet, same as your passport)

(1) Roman alphabet * Must be the same as your passport

Family name Given name (Middle name)

(2) in Chinese characters (only if applicable)

Family name Given name (Middle name)

(3) Katakana (if you know)

Family name Given name (Middle name)

PHOTO

(3×4cm)

2. Nationality _____

3. Sex

Male

Female

4. Marital status

Single

Married

5. Date of birth

Year Month Day

Age

<↑As of April 1, 2015>

6. Place of birth

Country _____ City etc. _____

* Roman alphabet, or Chinese characters (if available)

7. Current address, telephone number, fax number and e-mail address

Address _____

Phone _____ Fax _____

E-mail _____

(Write neatly in block letters.)

8. Person to be notified in your home country in case of emergency

(1) Full name _____ (2) Relationship to you _____

(3) Address, telephone number and fax number

Address _____

Phone _____ Fax _____

9. Home Institution

Institution	Faculty/Graduate school	Department
↓ Please circle one.		
Enrollment _____	School year as of April 1, 2015 [1st / 2nd / 3rd / 4th] year of	[Undergraduate / Masters] program
Year	Month	

Contact address of the office responsible for student exchange of your home institution

Name _____

E-mail _____ Phone _____

10. Major field(s) of study _____

11. Language proficiency

Mark your level with a circle ("O") as appropriate.

Language	Excellent	Good	Fair	Poor	
English					Your native language
Japanese					
Others					
.....					_____

(1) Proficiency in English

* Please fill in if you are not a native speaker of English.

① Have you previously studied English ?

No Yes ⇒ Total of _____ year(s)
_____ year(s) at degree level

② Please provide the score of the English proficiency test that you have taken most recently, such as TOEFL, TOEIC, IELTS, or similar tests.

Name of test _____ Score(s) _____
* Please attach a copy of the score report.

◆ If you have not taken a proficiency test, you should submit a document which certifies your ability to understand lectures in English.
(signed by a English teacher, the person in charge of student exchange, etc.)

(2) Proficiency in Japanese

① Have you previously studied Japanese ?

No Yes ⇒ Total of _____ year(s)
_____ year(s) at university level

② If yes, please fill in below.

Name of school (s) you have studied Japanese	Period of study	Textbook(s)

③ If you have passed the Japanese Language Proficiency Test, please circle the level that you hold.
⇒ Level N1 / N2 / N3 / N4 / N5

12. Period of study (enrollment period)

from April 2015 to August 2015

13. Course Plan

Please check the courses you wish to take. This is not your class registration. We just would like to know

※ The curriculum is subject to change.

Compulsory

■ Japanese (日本語)

■ Presentation (プレゼンテーション)

Experience in Japanese Culture & Society (日本文化・社会体験)

Budō-Jōdō I (武道・杖道 I)

Budō-Karatedō I (武道・空手 I)

Family in Japan (日本の家庭)

Contemporary Art and Design (現代アートとデザイン)

Japanese Art Performance and Music (日本の伝統芸能)

Traditional Arts & Crafts and their Techniques (伝統工芸と職人の技)

Japanese Society and Traditional Culture II (日本の社会と伝統文化 II)

Electives [taught in English (and Japanese)]

An Introduction to the Modern Japanese Culture and Society (現代日本の文化と社会)

Fluid Mechanics and Heat Transfer (流体力学と伝熱)

Comparative Children's Literature (比較児童文学)

Anthropology in Japan (日本人類学)

Japan Law News Project (日本法ニュース・プロジェクト)

A History of International Politics (Oriental) (国際政治史(東洋))

Seminar in International Society Studies (International Security Issues) (国際社会研究演習)

Language in Culture and Society (社会文化の中の言語)

Japanese History (日本史)

International Relation (国際関係論)

Introduction to European Life (ヨーロッパ生活論)

14. Question of your condition

* Your answer to this section does not affect the selection of the program.

① Do you have any food allergies?

No Yes ⇒ What allergies do you have?

How do you get symptoms? _____

② Are you currently regularly taking medication? _____

No Yes ⇒ What sorts of medicine do you need to take?

③ Do you have any food restrictions? _____

No Yes ⇒ What foods can you not eat? _____

RECOMMENDATION

To the President of Kanazawa University

I consider the following person as an appropriate student for the Kanazawa University Student Exchange Program (Semester Program), and recommend him/her as a candidate.

Priority order _____ among _____ (total number of applicants from your institution)

※ If your university recommends more than one student to this program, please specify the priority of each applicant by filling in "Priority order "above.

Name of institution _____
Student's name _____

Reason for recommendation

Date 20 . ____ . ____ Signature _____
Name ____ year month day _____
Title or Position _____

* The "RECOMMENDATION" form should be filled in by an authorized person affiliated to the applicant's home institution.

金沢大学短期留学候補者在籍証明書

Certificate of Enrollment of the Applicant for Kanazawa University Short-term Exchange Program

金沢大学留学生センター長 殿

To: Director of the International Student Center of Kanazawa University

下記の学生は、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 person is registered as a regular student at our institution in the following capacity

申請者氏名 Name of applicant	
在籍大学等名 Name of institution	
在籍学部／研究科 Faculty / School	
在籍課程／学年 *1 Course/Grade (School year) *1	<input type="checkbox"/> 学部 (Undergraduate) <input type="checkbox"/> 短大 (Junior College) <input type="checkbox"/> 修士 (Master's) <input type="checkbox"/> 博士 (Doctorate) 学年 Grade (School year) _____
卒業／修了予定年月 *2 Expected date of completion / graduation *2	年 Year 月 Month

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/修了年月を記入してください。留学期間が2016年9月までの場合、それ以降でなければなりません。

*2 Expected date of completion/graduation should include the period of study in Japan. It should be after 2016/10, if the period of study ends in 2016/9.

注：申請者の在籍大学等の責任者が記入してください。

Note: The authorized person of the applicant's home institution should fill out this form.

Resume (履歴書)

1 Name (氏名) _____

2 Educational background (学歴)

	Name and Address of School (学校名及び所在地)	Year and Month of Entrance and Completion (入学及び卒業年月)	Period of schooling you have attended (修学年数)	Diploma or Degree awarded Major Subject (学位・資格・専攻科目)
Elementary Education (初等教育)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Lower Secondary Education (中等教育)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Upper Secondary Education (高校)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Higher Education (高等教育) Undergraduate Level (大学)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Higher Education (高等教育) Graduate Level (大学院)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Expected date of completion/graduation after the period of study at Kanazawa University (金沢大学へ短期留学した場合の卒業/修了予定年月)			_____	_____
			year (年)	month (月)

※ If necessary, please give information on a separate sheet of paper.
(注 上欄に書ききれない場合には、適当な別紙に記入して添付すること。)

3 Employment record (職歴)

Name of Organization (勤務先)	Address of Organization (所在地)	Period of Employment (勤務期間)	Type of Work (職務内容)
		From To	
		From To	

※ If necessary, please give information on a separate sheet of paper.
(注 上欄に書ききれない場合には、適当な別紙に記入して添付すること。)

健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

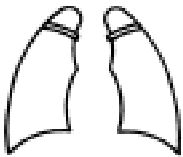
日本語又は英語により明瞭に記載すること。
Please fill out (PRINT/TYPE) in Japanese or English.

氏名 Name: Family name, First name Middle name
男 Male 生年月日 Date of Birth: 年齢 Age:
女 Female

1. 身体検査 Physical Examinations

- (1) 身長 Height cm 体重 Weight kg
(2) 血圧 Blood pressure mm/Hg ~ mm/Hg 血液型 Blood Type A B O RH + - 脈拍 Pulse 整 regular 不整 irregular
(3) 視力 Eyesight: (R) (L) (R) (L) 裸眼 without glasses 矯正 with glasses or contact lenses
(4) 聴力 Hearing: 正常 normal 低下 impaired 言語 speech: 正常 normal 異常 impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること(6ヶ月以上前の検査は無効。)
Please describe the results of physical and X-ray examinations of applicant's chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 lung: 正常 normal 異常 impaired

心臓 Cardiomegaly: 正常 normal 異常 impaired

Date Film No.

異常がある場合 心電図 Electrocardiograph: 正常 normal 異常 impaired

Describe the condition of applicant's lung.

3. 現在治療中の病気 Disease Treated at Present Yes (Disease:) No

4. 既往症 Past history: Please indicate with + or - and fill in the date of recovery
Tuberculosis () Malaria () Other communicable disease ()
Epilepsy () Kidney Disease () Heart Diseases ()
Diabetes () Drug Allergy () Psychosis ()
Functional Disorder in extremities ()

5. 検査 Laboratory tests
検尿 Urinalysis: glucose (), protein (), occult blood ()
赤沈 ESR: mm/Hr, WBC count: /cmm 貧血 anemia
Hemoglobin: gm/dl, GPT: _____

6. 診断医の印象を述べて下さい。特に、心身の健康に問題があり、修学上特に支援が必要な場合は、具体的に記述してください。
Please describe your impression. If he/she requires special assistance due to health or mental conditions, please describe it in detail.

7. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか?
In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan?
yes no

日付 Date: 署名 Signature:

医師氏名 Physician's Name in Print:

検査施設名 Office/Institution:
所在地 Address:

経費支弁書
Agreement for Defraying Expenses

金沢大学国際機構支援室長 殿

To Head of Global Affairs Support Office, Kanazawa University,

氏名 (Student's Name) _____

国籍 (Nationality) _____

生年月日 (Birthdate) _____ 年 (Year) _____ 月 (Month) _____ 日 (Day)

私, _____ は, 上記の学生が金沢大学に在学する際の経費支弁者になりました。経費支弁の引受経緯・上記学生との関係は下記の通りです。また, 別紙のとおり私の名義の銀行の預金残高証明書またはこれに相当するものを提出します。

I, _____, hereby, agree to defray the living expenses of the above mentioned student during his/her stay at Kanazawa University. Reasons for defraying his/her living expenses and relationship to him/her are given below. I also agree to provide an official certificate of balance of my bank account or the equivalent.

- ・ 経費支弁の引受経緯 (申請者の経費支弁を引き受けた経緯、及び申請者との関係について具体的に記載してください)
- ・ Reason for defraying his/her expenses (Please explain in detail the circumstances where you agree to defray the applicant's living expenses and your relationship to him/her.)

_____ 年 (Year) _____ 月 (Month) _____ 日 (Day)

経費支弁者 (Person who defrays the student's expenses)

氏名 (Name) _____

住所 (Address) _____

電話番号 (Tel.) _____

署名 Signature _____