

International Student Exchange Student Application

STEPS (Short-Term Exchange Program of Saitama University)

APPLICATION CHECK LIST

<input type="checkbox"/>	Application Form
<input type="checkbox"/>	Financial Statement (Bank balance certificate, scholarship award letters, or other financial documents)
<input type="checkbox"/>	Tuberculosis (TB) Clearance
<input type="checkbox"/>	Statement of Purpose *On a separate printed page
<input type="checkbox"/>	Academic Reference *Provide one letter of reference from your academic advisor or faculty member
<input type="checkbox"/>	Official Academic Transcript
<input type="checkbox"/>	1 Passport Copy
<input type="checkbox"/>	4 Color Passport Photos (3cm X 4cm)
<input type="checkbox"/>	Official Language Proficiency Score Report Copy *If applicable : TOEFL, IELTS, JLPT, etc.

HOW TO APPLY- following procedure has to be done by institution

1. To be eligible for admission to Saitama as an exchange student, you must be nominated by your home university.
2. Your application must be sent through the international or exchange office at your university.
- For more detail, please visit the international or exchange office at your university.

DEADLINE for Term 3 (September 2017)

Nomination	April 14
Application	May 15

ACADEMIC CALENDAR 2017 – 2018

Term 1 : April 10, 2017 – June 9, 2017
 Term 2 : June 12, 2017- August 4, 2017
 Term 3 : September 28, 2017 – November 22, 2017
 Term 4 : November28, 2017 – February 5, 2018

Effective Spring 2016, our academic calendar has changed from a semester-based to a quarter-based system. However, exchange students can enroll either from Term 1 (April) or Term 3 (September), and the minimum study period is two terms.

CONTACT:

Office of International Affairs
 Saitama University
 255 Shimo-okubo, Sakura-ku, Saitama City
 338-8570 Japan
 Tel: +81(48)858-9061/Fax: +81(48)858-9675
 e-mail:ryugaku@gr.saitama-u.ac.jp

APPLICANT INFORMATION			
Full Name <i>*As it appears on passport</i>	Last	First	Middle
Date of Birth	Date Month Year	Place of Birth	City Country
Country of Citizenship		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			
Telephone		E-mail Address	

ACADEMIC INFORMATION			
Home Institution			
Current Standing	Degree Level : <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Year: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th If other, specify _____		
Major(s)		Minor(s)	
Date of First Enrollment		Expected Graduation Date	

EMERGENCY CONTACT INFORMATION			
Name		Relationship to the Applicant	
Address			
Telephone	Home :	Mobile :	
E-mail			
✕Parent or Guardian (If under 21)			
Name		Relationship to the Applicant	
Address			
Telephone	Home :	Mobile :	
E-mail			

DATES OF ATTENDANCE AT SAITAMA UNIVERSITY		
Commencing Term/ year	<input type="checkbox"/> Term 1 (April) / Year _____	<input type="checkbox"/> Term 3 (Sep.)/ Year _____
Number of Terms	<input type="checkbox"/> Two Terms (half a year)	<input type="checkbox"/> Four Terms (one year)

LANGUAGE PROFICIENCY SELF-ASSESSMENT

You should be able to understand our university lectures either in English or Japanese. Complete the section below to evaluate your language proficiency.

Your Native Language _____

Proficiency of **Japanese Language** : Please indicate your level of the language

Language Skills	Excellent	Good	Fair	Poor
Speaking				
Listening				
Reading				
Writing				

Where have you studied Japanese? At university / college Self-study

How long have you studied Japanese? _____

Proficiency of **English Language (Non-native speakers only)** : Please indicate your level of the language

Language Skills	Excellent	Good	Fair	Poor
Speaking				
Listening				
Reading				
Writing				

ON CAMPUS HOUSING (INTERNATIONAL HOUSE) APPLICATION

Do you want to apply for International House during your stay in Saitama? Yes
 * No application for I-House is necessary if you check "yes." No

EXCHANGE REFERENCE (to be completed by your exchange advisor/coordinator)

Name of Advisor/Coordinator	_____		
Department	_____	Title	_____
Telephone	_____	E-mail	_____

Student's Name _____

I certify that _____ has been approved to participate in the exchange program at Saitama University.

Advisor/Coordinator's Signature

Date

AFFIDAVIT OF SUPPORT

You are required to submit valid supporting financial documents certifying that you have sufficient funds available to cover expenses for your stay at Saitama University. This information and financial documents will be filed to the immigration office to issue your Certificate of Eligibility.

Statement of Guarantor (To be completed by the guarantor)

Name of Applicant			
Name of Guarantor		Relationship to the Applicant	
Occupation		Name of Employer	
Title		Annual Income	
Address (Home)			
Address (Workplace)			
Telephone (Workplace)		Telephone(Mobile)	
<p>I, _____, hereby state I am willing to guarantee the financial support for the applicant during the entire stay at Saitama University. Evidence of my financial resources in the form of a bank statement accompanies this affidavit of support.</p>			
Signature of Guarantor		Date	

Financial Support Information (To be completed by the applicant)

Please state the source of funds and the total amount available from each financial resource. Total amount should be at least; 500,000 yen for two-term students and 1,000,000 yen for four-term students. Attach official bank statements or scholarship award letters to prove the funds. Documents must be either in English or Japanese.

Funding Source	
Personal Funds	Local Currency Japanese Yen
Family Funds / Relationship to the applicant: _____	Local Currency Japanese Yen
Scholarship / Specify type and source : _____ <small>*Attach a certificate or an award letter.</small>	Local Currency Japanese Yen
Other/ Specify type and source : _____	Local Currency Japanese Yen
TOTAL AMOUNT (must equal: 500,000 yen for two-term students and 1,000,000 yen for four-term students)	Local Currency Japanese Yen

I certify that the information I have given is accurate to the best of my knowledge. What I have given is a correct statement of my arrangements for financing my studies at Saitama University.

Signature of Applicant	Date
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CONFIDENTIAL HEALTH INFORMATION FORM

Please note that this will not affect the evaluation of your application, but will allow us to make the appropriate arrangement for you.

1. Health History

Please indicate below if you have any health problems.

	Yes	No		Yes	No
Chicken Pox			Chronic Skin Problems		
Hepatitis			Epilepsy		
Infectious Mononucleosis			Fainting Spells		
Tuberculosis or contact with Tuberculosis			Migraine Headaches		
Malaria			Endocrine Disorder(s)		
Heart Problems			Diabetes Mellitus		
High Blood Pressure			Anemia		
Irregular or Rapid Heart Beat			Anxiety Reactions		
Pain or pressure in the Chest			Allergies to Medications		
Asthma			Operation(s)		
Significant Allergic Reaction(s)			Serious Accident(s)		
Chronic or Recurrent Gastrointestinal Problems			Physical Handicap(s)		
Kidney Problems			Depression		
Hernia			Other		
Are you currently taking any medications for above problems?					

Give details or those items checked "Yes" using the space below or additional sheets. Indicate problem, diagnosis if known, and whether recovery has been complete or if still under treatment.

2. Current Condition

Are there any special needs, physical or mental, of which Saitama University needs to be aware? If yes, please describe in detail.

3. Tuberculosis Clearance

All students coming to Saitama University must submit a certification of tuberculosis (TB) clearance issued by a physician. Any form of certification (TB skin test, a chest x-ray, etc.) is accepted.