

# International Student Exchange Student Application STEPS (Short-Term Exchange Program of Saitama University)

APPLICATION CHECK LIST							
Application Form							
Application for Certificate of Eligibility *Please type in your answer directly into the form (PDF).							
Pre-Arrival Questionnaire for New Incoming Students							
Financial Statement (Bank balance certificate, scholarship award letters, or other financial documents)							
Tuberculosis (TB) Clearance							
Statement of Purpose *On a separate printed page							
Academic Reference *Provide one letter of reference from your academic advisor or faculty member							
Official Academic Transcript							
1 Passport Copy (the face page)							
Digital Color Picture of Passport Photo (high-quality JPG or PNG, 3cm X 4cm)							
Official Language Proficiency Score Report Copy *If applicable : TOEFL, IELTS, JLPT, etc.							

Attach English translation if the document is written in language other than Japanese or English

## **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 3-4 (September 2020)					
Nomination	10 April 2020				
Application	12 May 2020				

ACADEMIC CALENDAR 2020-2021						
Term 3: Late September, 2020 - Late November, 2020 Term 4: Late November, 2020 - Early February, 2021 Term 1: Middle April, 2021 - Mid June, 2021						
Term 2: Middle June, 2021 - Early August, 2021						

#### **CONTACT:**

Office of International Affairs, Saitama University 255 Shimo-okubo, Sakura-ku, Saitama City 338-8570 Japan

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	APPLICANT IN	NFORMATIC	N			
Full Name *As it appears on passport						
Your Katakana Name *We give appropriate one if it is not for sure						
Date of Birth	Date Month Year	Place Birth		ty	Country	
Country of Citizenship		Gend	er	□Male	□Female	
Mailing Address						
Telephone		E-ma Addre				
		•	<b>'</b>			
	ACADEMIC IN	IFORMATIO	N			
Home Institution						
Current Standing	Degree Level : □Undergraduate □Graduate If other, specify  Year: □ 1 <sup>st</sup> □ 2 <sup>nd</sup> □ 3 <sup>rd</sup> □ 4 <sup>th</sup> □ 5 <sup>th</sup>					
Major(s)		Minor(s)				
Date of First Enrollment		Expected Graduation	n Date			
			•			
	EMERGENCY CONT	ACT INFORM	MATION			
Name			onship to pplicant			
Address		·	·			
Telephone	Home :	M	obile :			
E-mail						
※Parent or Guardian (Y)	ou don't have to fill out the sectio	n below if yo	u are over 21)			
Name			onship to pplicant			
Address			· ·			
Telephone	Home :	M	obile :			
E-mail						
	DATES OF ATTENDANCE	AT SAITAM	A UNIVERSIT	Υ		
Commencing Term/ year	☐ Term 1 (April) / Year		■ Term 3 (S	Sep.)/ Year_	2020	
Number of Terms	☐ Two Terms (half a year)		☐ Four Terr	ns (one yea	r)	



		L	ANGUAGE PROF	ICIENCY SE	LF-ASSESS	MENT		
	ould be able to und te your language p		•	ıres either in	English or J	apanese. Com	plete the section be	elow to
Your N	lative Language							
Profici	ency of <b>Japanese L</b> a	anguage	: Indicate your lev	vel of the lang	guage			
	Japanese Langua	ge Skills	Excellent	Good		Fair	Poor	
	Speaking							
	Listening							
	Reading							
	Writing							
	have you studied I	•		niversity / co	llege 🗆	Self-study	□ Never	
Profici	ency of <b>English Lan</b>	guage (N	lon-native speaker	s only) : Ple	ease indicat	e your level of	the language	
	English Language	e Skills	Excellent	Good		Fair	Poor	
	Speaking							
	Listening							
	Reading							
	Writing							
	ON	CAMPL	JS HOUSING (INT	TERNATION	AL HOUSI	) APPLICATI	ON	
•	• • •		national House d is necessary if yo	<b>.</b>	•	tama?	□ Yes □ No	
IN.		1-110036	e is fiecessary if yo	ou check y	<del></del>			
	EXCHANG	SE REFE	RENCE (to be com	npleted by y	our exchar	ige advisor/co	oordinator)	
Name	of Advisor/Coordin	ator				T		
Depar	tment				Title			
Teleph	ione				E-mail			
	Student's Name							
I certif	y that				_ has been	approved to p	articipate in the ex	change
progra	m at Saitama Unive	ersity.						
Advisor/0	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. (Fill out your own information if you are self-financed)

	Statement of Guarantor (10 t	be completed by the guara	intor)
Name of Guarantor		Relationship to the Applicant	
Occupation		Name of Employer	
Title		Annual Income	
Address (Home)			
Address (Workplace)			
Telephone (Workplace)		Telephone (Mobile)	
I,applicant during the enstatement accompanies is Signature of Guarantor	tire stay at Saitama University. Evic		parantee the financial support for the ial resources in the form of a bank
	Financial Support Information	(To be completed by the a	pplicant)
least; 500,000 yen for tw		for four-term stude	resource. Total amount should be at ents. <b>Attach official bank statements</b> nglish or Japanese.
	Funding So	ource	
Personal Funds	<u> </u>		Local Currency
*Attach official bank statements	to prove the amount.		Japanese Yen
Family Funds / Relations	nin to the applicant:		Local Currency
*Attach official bank statements	• • • • • • • • • • • • • • • • • • • •	<del></del>	Japanese Yen
Scholarship / Specify type	e and source :		Local Currency
*Attach a certificate or an award letter.			Japanese Yen
Other/ Specify type and source :			Local Currency
*Attach a certificate or an award	·		Japanese Yen
TOTAL AMOUNT			Local Currency
(must equal: 500,000 yen for two-term students and 1,000,000 yen for four-term students)		m students)	Japanese Yen
•	ation I have given is accurate to the ments for financing my studies at Sai	•	edge. What I have given is a correct



### **CONFIDENTIAL HEALTH INFORMATION FORM**

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
		Chronic Skin Problems		
		Epilepsy		
		Fainting Spells		
		Migraine Headaches		
		Endocrine Disorder(s)		
		Diabetes Mellitus		
		Anemia		
		Anxiety Reactions		
		Allergies to Medications		
		Operation(s)		
		Serious Accident(s)		
		Physical Handicap(s)		
		Depression		
		Other		
	Yes	Yes No	Chronic Skin Problems  Epilepsy Fainting Spells Migraine Headaches Endocrine Disorder(s) Diabetes Mellitus Anemia Anxiety Reactions Allergies to Medications Operation(s) Serious Accident(s) Physical Handicap(s) Depression	Chronic Skin Problems  Epilepsy  Fainting Spells  Migraine Headaches  Endocrine Disorder(s)  Diabetes Mellitus  Anemia  Anxiety Reactions  Allergies to Medications  Operation(s)  Serious Accident(s)  Physical Handicap(s)  Depression

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 (medical report) of tuberculosis (TB) clearance issued by a physician. Any form of certification (TB skin test, a chest x-ray, etc.) is accepted. X-ray photo is not needed.