

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 1-2 (April 2021)					
Nomination	9 October 2020				
Application	11 November 2020				

ACADEMIC CALENDAR 2021-2022					
Term 1: Middle April, 2021 - Mid June, 2021 Term 2: Middle June, 2021 - Early August, 2021 Term 3: Late September, 2021 - Late November, 2021 Term 4: Late November, 2021 - Early February, 2022					

CONTACT:

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	APPLICANT INF	ORMATIC	ON		
Full Name					
*As it appears on passport Your Katakana Name					
*We give appropriate one					
if it is not for sure		Place	of		
Date of Birth	Date Month Year	Birth		City	Country
Country of Citizenship		Gend	er	□Male	□Female
Mailing Address					
Telephone		E-ma Addre			
		710075			
	ACADEMIC INF	ORMATIC	N		
Home Institution					
Current Standing	Degree Level : Undergraduate Year: 1st 2nd 3rd 4th		If other,	specify	
Major(s)		Minor(s)			
Date of First Enrollment		Expected Graduation	n Date		
	EMERGENCY CONTAC	CT INFORM	MATION		
Name			ionship to applicant		
Address			<u>.</u>		
Telephone	Home :	N	lobile :		
E-mail					
※Parent or Guardian(Y	ou don't have to fill out the section			21)	
Name			ionship to applicant		
Address					
Telephone	Home :	N	lobile :		
E-mail					
	DATES OF ATTENDANCE AT	SAITAM	A UNIVER	SITY	
Commencing Term/ year	■ Term 1 (April) / Year 2021		☐ Term 3	(September)	/ Year
Number of Terms	☐ Two Terms (half a year)		☐ Four T	erms (one ye	ear)



		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	ative Language							
Profici	ency of Japanese L a	anguage	: Indicate your lev	vel of the lang	guage			
	Japanese Languag	ge Skills	Excellent	Good		Fair	Poor	
	Speaking							
	Listening							
	Reading							
	Writing							
	have you studied Jong have you studie	•		niversity / co	llege 🗆] Self-study	□ Never	
Profici	Proficiency of English Language (Non-native speakers only): Please indicate 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	.	•	tama?	□ Yes □ No	
IN.		1-110036	is necessary ir yo	ou check y				
	EXCHANG	SE REFE	RENCE (to be com	npleted by y	our exchar	ige advisor/co	oordinator)	
Name	of Advisor/Coordina	ator				T		
Depar	ment				Title			
Teleph	one				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 (To B	oe completed by the guara	antor)
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 signature of Guarantor	tire stay at Saitama University. Evid		uarantee the financial support for the ial resources in the form of a bank
	Financial Support Information	(To be completed by the a	applicant)
least; 500,000 yen for tw		for four-term stude	resource. Total amount should be at ents. Attach official bank statements nglish or Japanese.
	Funding S	ource	
Personal Funds			Local Currency
*Attach official bank statements	to prove the amount.		Japanese Yen
Family Funds / Relationsl	nip to the applicant:		Local Currency
*Attach official bank statements	to prove the amount.		Japanese Yen
Scholarship / Specify type	e and source :		Local Currency
*Attach a certificate or an award			Japanese Yen
Other/ Specify type and s			Local Currency
*Attach a certificate or an award			Japanese Yen
TOTAL AMOUNT			Local Currency
(must equal: 500,000 yen for tw	o-term students and 1,000,000 yen for four-ter	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
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 pr	oblem	s?		

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.