

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 Photo (high-quality JPG or PNG, 3cm X 4cm; taken within 3 months) |
| 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 must be made by student's home 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 2021) | | | | |
|--|---------------|--|--|--|
| Nomination | April 9, 2021 | | | |
| Application | May 11, 2022 | | | |

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

Term 2: Mid June, 2022 - Early August, 2022

CONTACT:

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

Tel: +81(48)858-3011 / Fax: +81(48)858-9675

Email: ryugaku@gr.saitama-u.ac.jp



| | APPLICAN [*] | [INFORMATION TIME TIME | ON | |
|--|---|---|-------------------|--------------|
| Full Name | LAST NAME | | First Name | Middle Name |
| *As it appears on passport | | | | |
| Your <i>Katakana</i> Name *If known | | | | |
| Date of Birth | Year Month Da | Place Birt | | Country |
| Country of Citizenship | | Gend | der 🗆 Ma | ale Female |
| Mailing Address | | | | |
| Telephone | | E-m Addr | | |
| | | Addi | C33 | |
| | ACADEMIC | INFORMATIO | ON | |
| Home Institution | | | | |
| Current Standing | Degree Level : Undergradua Year: 1st 2nd 3rd | | If other, specify | |
| Major(s) | | Minor(s) | | |
| Date of First Enrollment | | Expected Graduation | on Date | |
| | EMERGENCY CO | NTACT INEOP | MATION | |
| Name | EMENGENCT CO | Relationsh the Applic | nip to | |
| Address | | | | |
| Phone Number | Home : | Ŋ | Mobile : | |
| E-mail | | | | |
| ※Person to Contact in Ja | apan (if any) | | | |
| Name | | Relationsh the Appli | | |
| Address | | | | |
| Phone Number | | E-mail | | |
| | | | | |
| | DATES OF ATTENDANO | CE AT SAITAM | IA UNIVERSITY | |
| Commencing Term/ year | ☐ Term 1 (April) / Year | | ☑ Term 3 (Sep.)/ | Year2021 |
| Number of Terms | ☐ Two Terms(half a year) | | ☐ Four Terms (or | ne year) |



| | | LA | ANGUAGE PROF | ICIENCY SEI | LF-ASSESS | MENT | | |
|------------------------|--|---------|---------------------|-----------------|-------------------|-----------------|-----------------------|--------|
| | ould be able to unde te your language pro | | • | ires either in | English or J | apanese. Com | plete the section be | low to |
| Your N | lative Language | | | | | | | |
| Profici | ency of Japanese Lan | guage | : Indicate your lev | vel of the lan€ | guage | | | |
| | Japanese Language | Skills | Excellent | Good | | Fair | Poor | |
| | Speaking | | | | | | | |
| | Listening | | | | | | | |
| | Reading | | | | | | | |
| | Writing | | | | | | | |
| | e have you studied Jap ong have you studied | | | niversity / co | llege 🗆 |] Self-study | □ Never | |
| Profici | ency of English Langu | age (No | on-native speaker | s only) : Ple | ase indicate | e your level of | the language | |
| | English Language S | kills | Excellent | Good | | Fair | Poor | |
| | Speaking | | | | | | | |
| | Listening | | | | | | | |
| | Reading | | | | | | | |
| | Writing | | | | | | | |
| | | | | | | | | |
| | ON C | AMPU | S HOUSING (INT | TERNATION | AL HOUS | E) APPLICATI | ION | |
| Dovo | u want to apply fo | rlntorn | ational House d | luring vour | ctavin Sai | +2m2) | ☐ Yes | |
| • | o application for I- | | | | - | tailia: | □ No | |
| | | | | | | | | |
| | EXCHANGE | REFER | ENCE (to be com | npleted by y | our exchar | nge advisor/co | ordinator) | |
| Name | of Advisor/Coordinate | | | | | | | |
| | | | | | Title | | | |
| Depar | tment | | | | Title Personal | | | |
| Department Group Email | | | | | E-mail | | | |
| | Student's Name | | | | | | | |
| I certif | y that | | | | _ has been | approved to p | articipate in the exc | change |
| progra | m at Saitama Univers | ity. | | | | | | |
| Advisor/0 | Coordinator's Signature | | | | Date | | | |
| | | | | | | | | |
| | | | _ | | | | | |



AFFIDAVIT OF SUPPORT

Stud 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 be completed by the guarantor)

| 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 ent statement accompanies t Signature of Guarantor | tire stay at Saitama University. Evid | | uarantee the financia | |
| | | | | |
| | Financial Support Information | (To be completed by the | applicant) | |
| least; 500,000 yen for tw | s and the total amount available from to- to-term students and 1,000,000 yen ters to prove the funds. Documents | for four-term stude | ents. Attach official | |
| | Funding S | ource | | |
| Personal Funds | | | Local Currency | |
| *Attach official bank statements | to prove the amount. | | Japanese Yen | ¥ |
| Family Funds / Relationsh | nip to the applicant: | | Local Currency | |
| *Attach official bank statements | to prove the amount. | _ | Japanese Yen | ¥ |
| Scholarship / Specify type and source : | | | Local Currency | |
| *Attach a certificate or an award letter. | | _ | Japanese Yen | ¥ |
| *Attach a certificate or an award letter. Other/ Specify type and source : | | | Local Currency | |
| *Attach a certificate or an award letter. | | - | 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 | ¥ |
| I certify that the informa | ation I have given is accurate to the ments for financing my studies at Sa | • | edge. What I have § | given is a correct |



CONFIDENTIAL HEALTH INFORMATION FORM

Note that this will allow us to make the appropriate arrangement for your safety in Japan.

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 | | |

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. SU may contact your home university for further details.

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.