

Short-Term (one year) Exchange Program in Science and Engineering
at Tokyo University of Agriculture and Technology

STEP@TUAT

Choose One Category

Category U	Special Auditing Undergraduate Student	<input type="checkbox"/>
Category G1	Special Auditing Graduate Student	<input type="checkbox"/>

Choose Your Answer

Will you take part in the program even if you don't receive JASSO scholarship?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Any answer about this question does not influence the selection of scholarship students at all.

Important!

APPLICATION FOR ADMISSION

東京農工大学科学技術短期留学プログラム申請書（特別聴講学生願）

※Please fill in Item 1 to 20 by the applicant.

以下、1～20 まで受講希望者本人が記入すること

Date of application

Year Month Day

20____年 _____月 _____日

President

Tokyo University of Agriculture and Technology

東京農工大学長殿

I wish to apply for admission as a special auditing student to your university.

私は下記のとおり、特別聴講学生として入学したいので、別紙関係書類を添えて出願します。

1. Name in full in native language (same as in your passport)

(姓名<自国語>) パスポート表記と同様

_____, _____, _____
(Surname) (First) (Middle)

In Roman block capitals (same as in your passport)

(ローマ字)

_____, _____, _____
(Surname) (First) (Middle)


2. Nationality

(国籍)

3. Your own e-mail address (Please print **clearly**.)

(電子メールアドレス)

@

 <p>Photo 写真</p>
<p>Paste your Photograph (4 x 3 cm)</p>

(Taken within the **last 3 months**)

4. Present status: Name of the home institution and faculty attended

(在学大学・学部名等)

5. Date of birth

(生年月日)

Year 19	Month	Day
_____	_____	_____
(年)	(月)	(日)

6. Place of birth (Names of province and city)

(If you are Chinese, please write in Chinese characters.)

(出生地)

7. Sex

(性別)

 Male Female

8. Marital status

(未婚・既婚の別)

 Single Married

9. Passport information (if available)

(パスポート関係)

Number: _____ Date of issue: _____

Issuing authority: _____ Date of expiration: _____

Do you have a Japanese nationality simultaneously (dual nationality)? Yes No
 If you have a passport, a copy should be attached to the application form.

10. Place to apply for Japanese Visa

(ビザ申請地)

Name of city: _____

11. Past entry into/stay in Japan

(過去の渡日歴)

 Yes (___times) No

(最近の出入国歴)

The latest entry from _____ year _____ month _____ day to _____ year _____ month _____ day

12. The nearest international airport in your country available when coming to Japan:

(最寄りの国際空港)

Name of airport: _____ Location of airport: _____

13. Contact addresses (Please print clearly.)

(連絡先)

1) Present address of the applicant

(現住所)

Address _____

Zip Code/Area Code (if you have) _____

Phone _____ Fax _____

E-mail _____

2) Mail address if different from your present address

(郵送先)

Address _____

Zip Code/Area Code (if you have) _____

Phone _____ Fax _____

3) Home address (if different from your present address)

(実家の住所)

Address _____

Zip Code/Area Code (if you have) _____

Phone _____ Fax _____

E-mail _____

4) Contact address in case of emergency after you leave for Japan

(緊急時の連絡先)

Person to contact _____

Address _____

Zip Code/Area Code (if you have) _____

Phone _____ Fax _____

E-mail _____

14. Term of auditing in TUAT

(東京農工大学聴講期間)

From Year 2010 Month October Day 1
(年) (月) (日) から

To Year 2011年 Month August / September Day 31 / 30
(年) (月) (日) まで

(This is one-year program.)

15. 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)	Major Subject (専攻科目)	Diploma or Degree Awarded (学位・資格)	Period of Education (修学期間)
Elementary Education (初等教育)	Name (学校名)				<input type="text"/> years and
Elementary School (小学校)	Location (所在地)		_____	_____	<input type="text"/> months
Secondary Education (中等教育)	Name (学校名)				<input type="text"/> years and
Secondary School (中学及び高校)	Location (所在地)		_____	_____	<input type="text"/> months
Higher Education (高等教育)	Name (学校名)				<input type="text"/> years and
Undergraduate Level (大学)	Location (所在地)				<input type="text"/> months
Graduate Level (大学院)	Name (学校名)				<input type="text"/> years and
	Location (所在地)				<input type="text"/> months

16. When do you expect to graduate / complete your present home institution if you are selected as a STEP@TUAT student?

(STEP 修了後の母校での卒業年および月)

Year: _____ Month: _____

(Note: **You should be a registered student of your home institution until the end of STEP@TUAT, September 30, 2011.**)

17. Japanese language background

(日本語の学習歴)

Excellent Very Good Good Poor None

I have learned Japanese for _____ years / months.

Total Period of
Education
(修学期間合計)

Total

years
and

months

18. Essay about your study and your motive. ALL APPLICANTS: CATEGORIES U & G1
(これまでの学習と志望動機についてのエッセイ)

Full name: _____

Major field of study: _____

Summarize your major field of study and your motive of application for this course in print.

19. Essay about research at TUAT: CATEGORY G1 APPLICANTS

(東京農工大学での研究についてのエッセイ)

Full name: _____

Propose the field or the topic of a research you want to be involved in at TUAT through Independent Study. (U Category Applicants does not need to fill.)

U Category Applicants does not need to fill.

20. List of Courses

Applicants intending to study courses listed under the STEP@TUAT academic courses in your major are required to tick off the course(s) that you are interested in taking:

List of Courses

	Course	Semester	Please tick off		Course	Semester	Please tick off	
Japanese Language Course	Elementary Japanese I	Fall		Science and Technology Course 1	International Cooperation of Science and Technology	Fall		
	Intermediate Japanese I	Fall			General Topics of Japanese Industry	Spring		
	Advanced Japanese I	Fall			Environmental Science and Technology	Spring		
	Elementary Japanese II	Spring			Practical Training: Farm A	Fall		
	Intermediate Japanese II	Spring			Practical Training: Farm B	Spring		
	Advanced Japanese II	Spring			Practical Training: Instrumentation Analysis Center	Fall		
	Elementary Japanese I-S*	Fall			Independent Study***	Spring		
	Intermediate Japanese I-S*	Fall			Science and Technology Course 2	International Environmental Rehabilitation and Conservation**	Fall	
	Advanced Japanese I-S*	Fall				International Biological Production and Resource Science**	Spring	
	Elementary Japanese II-S*	Spring				International Development on Rural Area**	Fall	
	Intermediate Japanese II-S*	Spring				Advances in Mechanical Systems Engineering**	Spring	
	Advanced Japanese II-S*	Spring				Parallel Processing and Computer Networking**	Fall	
			Advanced Mechatronics**	Fall				
Japanese Studies Course	Intercultural Communication	Spring		Visual Computing**	Spring			
	Japanese History	Fall						
	Japanese Culture	Fall						
	Language and Society	Spring						
	STEP Special Program I	Fall						
	STEP Special Program II	Spring						
Science and Technology Course 1	Fundamental Agricultural Science	Fall						
	Fundamental Physics and Mathematics for Engineering	Fall						
	Japanese Science and Technology	Fall						

*These courses should be taken with the corresponding courses, e.g. "Elementary Japanese I" for "Elementary Japanese I-S."

** Graduate Level

*** Compulsory for Category G1 Students

I certify that all the information provided in this form and the accompanying documents is complete and accurate to the best of my knowledge, and if admitted, I agree to comply with the rules and regulations of Tokyo University of Agriculture and Technology.

Date: _____
(Year) (Month) (Day)

Signature: _____

Letter of Recommendation

特別聴講学生推薦書推薦書 (1/2)

※ Please have your academic advisor fill out.

※ 在籍大学の担当教員が記入してください。

1. Reasons for recommending the special auditing student (Categories U and G1)
(東京農工大学特別聴講学生としての推薦事由)

2. Please comment on any condition (health or other) which requires medical or special consideration.
(本人の健康状況等その他留学に係わる特記事項)

Student's Name _____

Academic Advisor's Name _____

Advisor's Signature _____

Advisor's Affiliation _____

Letter of Recommendation 特別聴講学生推薦書推薦書 (2/2)

※ Please have your academic advisor fill out.

※ 在籍大学の担当教員が記入してください。

2. Reasons for recommending the special auditing student (Categories U and G1)
(東京農工大学特別聴講学生としての推薦事由)

2. Please comment on any condition (health or other) which requires medical or special consideration.
(本人の健康状況等その他留学に係わる特記事項)

Student's Name _____

Academic Advisor's Name _____

Advisor's Signature _____

Advisor's Affiliation _____

STEP@TUAT HEALTH CERTIFICATE

Please use this designated form of Certificate, which should be filled out in English by a physician.

1. Name: _____
2. Sex: Male Female 3. Nationality: _____

4. Birth Date: _____ 5. Blood Type: _____

6. Eyesight: glasses or contact lenses necessary unnecessary

7. Hearing: Right normal impaired / Left normal impaired

8. Medical History: Please indicate with a tick and fill in the date of recovery.

Tuberculosis () Cardiac Diseases ()
Rheumatic Fever () Epilepsy ()
Diabetes () Allergy () Malaria ()
Renal Disease () Mental Disorder ()
Functional Disorder in Extremities () Hypertension ()
Internal Diseases () Other Diseases ()

9. Result of X-ray: Direct Indirect No.
Date of X-ray: Year/Month/Day _____
Remarks:

10. If he/she is carrying medicines/prescriptions, fill in the following.

Name of Medicine	For What Illness Symptoms?	Dosage & Times Taken
_____	_____	_____
_____	_____	_____

11. General Remarks (Any additional information host university should be aware of)

After reviewing the applicant's medical history and physical condition, I believe him / her to be in good physical and mental health, free of any chronic conditions, disorders or contagious diseases, and capable physically and mentally of completing two semesters of study in a Japanese university.

Date of Examination: Year/Month/Day _____

Address: _____

Name of Clinic/Hospital: _____

Doctor's Name: _____

Signature: _____

INSTRUCTIONS

For filling out the JASSO Scholarship Form 3-3 (様式 3-3) in the next page

Before start filling out the form, **please confirm again the conditions below.**



Monthly Stipend (JASSO)	80,000 JPY*
<i>Travel Expenses</i> (JASSO)	<i>Not provided</i>
Relocation Allowance (JASSO)	80,000 JPY* (Provided after your arrival)
Tuition	Waived for students from the institutions which have concluded a mutual tuition waiver contract with TUAT.

*The amount is subject to change by the Budget 2010 of the Japanese Government.

☆ ☆ ☆ ☆ ☆

This form should be filled out by the authorized person of the applicant's home institution (such as your supervisor).

We ask the authorized person to fill out this form so as not to misrepresent the facts. If it is found that the statement is not true and incorrect, your recommended student will be unfavorably treated in the process of selection.

Name of applicant: Please type or print clearly.

Name of institution: Write the name of the applicant's home institution.

Faculty / School: If not applicable, write the applicant's major field(s) of study.

School year: Indicate the year of the program, for either a Bachelor's or Master's degree that is the applicant is currently enrolled in.

Expected date of completion / graduation:

Specify the date the applicant expects to complete his / her current study for the degree program at his / her home institution, taking into consideration that he / she intends to come to STEP@TUAT. ***The date must be after the date of completion of the STEP@TUAT (i.e. September 30, 2011).***

Degree to be awarded: Indicate the type of degree the applicant is currently seeking.

Major: Please write the applicant's major field(s) of study at his / her home institution.

留学生交流支援制度（短期受入れ）候補者在籍証明書
Certificate of Enrollment of the Applicant for
Student Exchange Support Program (Scholarship for Short-Term Study in Japan)

独立行政法人日本学生支援機構 理事長 殿
To: President, Japan Student Services Organization (JASSO)

下記の独立行政法人日本学生支援機構留学生交流支援制度（短期受入れ）奨学金等支給申請者は、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 who is applying for JASSO Student Exchange Support Program (Scholarship for Short-Term Study in Japan) 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
取得予定学位 Degree to be awarded	<input type="checkbox"/> 学士 (Bachelor's degree) <input type="checkbox"/> 準学士 (Associate degree) <input type="checkbox"/> 修士 (Master's degree) 専攻 Major <input type="checkbox"/> 博士 (Doctor's degree) _____
留学先大学名 Host institution in JAPAN	Tokyo University of Agriculture and Technology

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/修了年月日を記入してください。

*2 Expected date of completion / graduation should include the period of study in Japan.

注：申請者の在籍大学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.

※ご記入いただいた情報は、奨学金支給業務のために利用されます。また、行政機関及び公益法人等から奨学金の重複受給の防止等のために照会があった場合は、適正な範囲内においてこの情報が必要に応じて提供されます。

Information submitted here will only be used to the extent of this Program. However, this information, when deemed appropriate, may be presented to administrative institutions and public-service organizations upon request to prevent disbursement of multiple scholarships to a single recipient.