

International Student Exchange Student Application Form

STEPS (Short-Term Exchange Program of Saitama University)

APPLICATION CHECK LIST

<input type="checkbox"/>	1. Application Form *to be completed in PDF file by typing only
<input type="checkbox"/>	2. Student Information *to be completed from the following link https://forms.office.com/r/CbuwbAhFHT
<input type="checkbox"/>	3. Application for Certificate of Eligibility * to be completed from the following link https://forms.office.com/r/ekUBYr0NUG
<input type="checkbox"/>	4. Financial Statement (Bank balance certificate, scholarship award letters, or other financial documents)
<input type="checkbox"/>	5. Tuberculosis (TB) Clearance
<input type="checkbox"/>	6. Statement of Purpose *On a separate printed page
<input type="checkbox"/>	7. Academic Reference *Provide one letter of reference from your academic advisor or faculty member
<input type="checkbox"/>	8. Official Academic Transcript
<input type="checkbox"/>	9. Copy of Passport (page with face photo)
<input type="checkbox"/>	10. Digital Color Picture Photo (taken within 3 months; high-quality JPG or PNG only; solid color background with face facing front, entire head showing. Scanned PDF NOT accepted) *no smaller than 50KB
<input type="checkbox"/>	11. 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

- To be eligible for admission to Saitama as an exchange student, **you must be nominated by your home university.**
- Your application must be sent through the international or exchange office at your home university, except for Nos. 2 & 3.** - For more details, please consult with the international or exchange office at your home university.

DEADLINE for Term 1 (April 2022)

Nomination	October 8, 2021
Application	November 1, 2021

ACADEMIC CALENDAR 2022-2023

Term 1: Mid April, 2022 – Mid June, 2022
 Term 2: Mid June, 2022 - Early August, 2022
 Term 3: Late September, 2022 - Mid November, 2022
 Term 4: Late November, 2022 - Early February, 2023

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
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APPLICANT INFORMATION			
Full Name *As it appears on passport	LAST NAME	First Name	Middle Name
Your <i>Katakana</i> Name *If known			
Date of Birth	Year Month Day	Place of Birth	City Country
Country of Citizenship		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address			
Telephone (starting from your country code)	+	E-mail Address	

ACADEMIC INFORMATION			
Home Institution			
Current Standing	Degree Level : <input type="checkbox"/> Bachelor <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral If other, specify 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		
Major(s)		Minor(s)	
Date of First Enrollment		Expected Graduation Date	

EMERGENCY CONTACT INFORMATION			
Name		Relationship to the Applicant	
Address			
Phone Number	Home :	Mobile :	
E-mail			
※Person to Contact or family member in Japan (if any)			
Name		Relationship to the Applicant	
Address			
Phone Number		E-mail	

LANGUAGE PROFICIENCY SELF-ASSESSMENT

Students must 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** : Indicate your level of the language

Japanese Language Skills	Excellent	Good	Fair	Poor
Speaking				
Listening				
Reading				
Writing				

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

English 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? If yes, roommate request and match preference will be asked later.

Yes

No

*** We ask you to consult with us in advance if you have a physical disability or condition warranting special consideration in making your roommate assignment.**

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

Name of Advisor/Coordinator			
Department		Title	
Department Group Email		Personal Email	

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. **(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)	

Guarantor's Name
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.

Signature of Guarantor _____ Date _____

Financial Support Information (To be completed by the applicant)

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 (State your local currency e.g. \$,€ : _____)

Personal Funds *Attach official bank statements to prove the amount.	Local Currency	
	Japanese Yen	¥
Family Funds / Relationship to the applicant: _____ *Attach official bank statements to prove the amount.	Local Currency	
	Japanese Yen	¥
Scholarship / Specify type and source : _____ *Attach a certificate or an award letter.	Local Currency	
	Japanese Yen	¥
Other/ Specify type and source : _____ *Attach a certificate or an award letter.	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 _____

CONFIDENTIAL HEALTH INFORMATION FORM

Note that this will allow us to make the appropriate arrangement for your safety stay 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			Others		
Are you currently taking any medications for above problems?					

2. Current Condition

Give details for those items checked "Yes" using the space below or additional sheets. Indicate problem, name of medication and its dosage if under medication, or whether recovery has been completed.

Occupational health doctor or any other physician must grant you a fit for your travel/study in Japan. Physician's signature and an official seal is required below to certify the above student's health information. SU may contact your home university for further details.

Physician's Name

I, _____, hereby certify the above student's health information and authorize, with my signature, that he/she is fit to travel and study in Japan for the applied period of exchange mobility.

Signature of Physician

Official Seal

Date

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.