**Required Documents for Exchange Students**

Nationality :

University :

Name (same as passport):

1. Special Audit Student Request (特別聴講学生願)
(if you require credits from UoM; Form 2)

Or
Special Research Student Request (特別研究学生願)
(graduate student, research only; Form 3)

1. Exchange Student Application (応募申請書) (Form 4)
2. Financial Statement (財政保証書) (Form 5)
3. Letter of recommendation (大学からの推薦状) (no required form, any style acceptable)
4. Certificate of enrollment (在学証明書) (no required form, any style acceptable)
5. Transcript (成績証明書) (no required form, any style acceptable)
6. Curriculum vitae (履歴書) (no required form, any style acceptable)
7. Health check (健康診断書)
8. Application form for certificate of eligibility (For applicant Part 1- 3)
(在留資格認定証明書交付申請書)
9. Identification photographs: 4 (passport size photo; 4 cm × 3 cm)
(身分証明写真)
10. Copy of passport (パスポートのコピー)
(pages including name, date of birth, nationality and passport number)
11. Copy of Certificate of language proficiency (語学能力証明書のコピー)

**Points to note regarding the preparation and submission of documents for application to be a Special Audit Student or Special Research Student at the University of Miyazaki**

1. You cannot alter the style of the forms provided by UoM.
2. All documents must be typed using a computer except for the signature field and health check.
3. Documents need to be submitted by eletronic files and paper.
The types of electronic files to be sent are shown in the following table.

For documents (1) through (10) below, please send the original copies by mail.

|  |  |
| --- | --- |
| Documents | File type |
| 1. Special Audit Student Request (Form 2)

 Special Research Student Request (Form 3) | Word file  |
| (2) Exchange Student Application (Form 4) |
| (3) Financial Statement (Form 5) | Word file, and Pdf file after signing |
| (4) Letter of recommendation | Pdf file |
| (5) Certificate of enrollment |
| (6) Transcript |
| (7) Curriculum vitae |
| (8) Health check |
| (9) Application form for certificate of eligibility  | Excel file, and Pdf file after signing |
| (10) Identification photograph | Jpeg: color, aspect; 4:3, 300 dpi or over |
| (11) Copy of passport | Pdf file, color |
| (12) Copy of Certificate of language proficiency | Pdf file |

1. The file name should be “xx(document number)\_name” like “01\_name”.
2. E-mail address and title

e-mail: ryugaku@of.miyazaki-u.ac.jp

Mail title: Application for student exchange

(Form 2)

Special Audit Student Request

Date of submission: (year)/ (month)/ (day)

To the President of the University of Miyazaki

University:

Faculty/graduate school:

Name:

 Date of Birth: (year)/ (month)/ (day)

　　I would like to enter the Faculty of \_\_\_\_\_\_\_\_ at the University of Miyazaki during the 2023 academic year as a privately funded exchange student (special audit student) based on a student exchange agreement, and have submitted the required documents along with this notification. I hope that you will accept me as an exchange student.

1. Learning objective:

1. Period of study at UoM:

 (year)/ (month)/ (day) ~ (year)/ (month)/ (day)

(Form 3)

Special Research Student Request

Date of submission: (year)/ (month)/ (day)

To President, University of Miyazaki

University:

Faculty/graduate school:

Name:

 Date of Birth: (year)/ (month)/ (day)

　　I would like to enter the Faculty of \_\_\_\_\_\_\_\_ at the University of Miyazaki during the 2023 academic year as a privately funded exchange student (Special Research Student) based on a student exchange agreement, and have submitted the required documents along with this notification. I hope that you will accept me as an exchange student.

1. Research topic:

1. Period of study at UoM:

 (year)/ (month)/ (day) ~ (year)/ (month)/ (day)

 (Form 4)

Exchange Student Application

Special Audit Student or Special Research Student at the University of Miyazaki

1. Name: (Family Middle First (Given) )

English

Naitive

Katakana\*

\*Only required if your main purpose of study is the Japanese language.

1. Date of birth: (Male／Female)

 Year Month Day Age

1. Present address:

 ZIP code:

1. Tel／Fax: ／

 E-mail address: @

1. Language Proficiency: (submission of certificate)
2. Japanese:
3. English:
4. Desired faculty/department/graduate school at the University of Miyazaki:

 Faculty/graduate school:

Department/course:

1. Required credits while studying at the University of Miyazaki (e.g. Credits stipulated by the sending university or credits necessary for receiving scholarships):

(a) Number of registered credits：

(b) Number of earned credits：

(c) Requirements other than (a) and (b)

Specify:

1. Reasons for wishing to join the faculty/department/graduate school in (6), and desired learning content and/or research plan: (approx.. 300 words)

1. Previous learning/research history related to the desired learning/research above: (approx. 200 words)

1. The relevance of learning/research at UoM to learning/research at your university/institution or to your career following your study abroad: (approx. 200 words)

 Date of application:

Year Month Day

 Applicant’s signature:

(Form 5)

Financial Statement

 You are responsible for demonstrating that you have access to sufficient funds to meet all educational and personal expenses for the duration of your study at the University of Miyazaki.

A. Applicant information

 (1) Name:

　　　 　　　Family First (given) Middle

 (2) Address:

 (3) Date of Birth:

 　　 Month Day Year

B. Source of Funds

(1) Bank

 (a) Personal or Family Savings $

 \* Please enclose an original copy of bank statement signed by bank official.

 (b) Depositor’s Name:

 Family First (given) Middle

 (c) Name of Bank:

 (2) Others

 $

 \* Please enclose a signed affidavit from an authorized person to certify the

 accuracy of this entry.

C. Affidavit of Support

 This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that funds are available and will be provided as indicated.

(1) Parent／Sponsor Signature:

 Relationship to applicant:

(2) Date:

 Month Day Year

(3) Address:

D. Verification by applicant:

 I certify that the information provided above is correct and that I shall notify the University of Miyazaki of any change in my financial circumstances or academic status.

 Signature:

 Date: