

**Saga University Program for Academic Exchange (SPACE-E)
Starting in Fall 2019 or Spring 2020**

APPLICATION PACKAGE (Use this sheet as the cover of your application)

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

Name of Applicant: _____

Home University: _____

This application should be sent as a complete package containing all the documents specified in ①-⑩, and be sent by email to the email address below through the office responsible for student exchange at the applicant's home university. Please do NOT send original documents by post. Application materials are NOT returned after review, and will not be used for any other purpose.

<u>Check List</u>	Check
① Forms No. 1-4 of this Application Package	<input type="checkbox"/>
② One (1) letter of Recommendation	<input type="checkbox"/>
③ Academic Transcripts, issued by the student's home institution	<input type="checkbox"/>
④ Language Proficiency test result (i.e., TOEFL, IELTS etc.)	<input type="checkbox"/>
Applicants for SPACE-E: You must submit your score sheet.	
⑤ One (1) copy of Certificate of Enrollment in the home institution, issued by the student's home institution	<input type="checkbox"/>
⑥ Application for Certificate of Eligibility for a Status of Residence	<input type="checkbox"/>
⑦ Certificate of Health	<input type="checkbox"/>
⑧ A bank statement of the amount of money, yen-converted amount, to support the applicant's study abroad	<input type="checkbox"/>
⑨ A copy of your passport	<input type="checkbox"/>
⑩ Portfolio (only applicable to students in <u>Art and Design major</u>)	
Up to ten images/photos of your work. If you include moving images, submit it in the format supported by Windows Media Player or Quick Time Player and within 5 minutes.	<input type="checkbox"/>

E-mail: student-int@mail.admin.saga-u.ac.jp

Center for Promotion of International Exchange, Saga University

1 Honjo-machi, SAGA 840-8502, JAPAN

Phone: +81-952-28-8169 Fax: +81-952-28-8819 HP: <http://www.irdc.saga-u.ac.jp/>

Application deadline:

May 15, 2019 for Fall 2019 and November 15, 2019 for Spring 2020

- **Before sending documents, Home university must nominate students.**

No.1-A

Saga University Program for Academic Exchange (SPACE-E)
Starting in Fall 2019 or Spring 2020
APPLICATION FOR ADMISSION

- (1) Program you apply for: ☒SPACE-E
(2) Name: (as it appears on your passport)

(Family) (First) (Middle)
(Name in Chinese Characters _____)

Please attach
your photo

- (3) Current Address: _____ (4) Sex: _____
Phone (preferably cell phone number): _____
Permanent Address: _____
Phone: _____ Fax: _____
E-mail: _____
Emergency contact (name, relationship): _____
(address/phone number/ e-mail/fax): _____

☐ Male
☐ Female

- (5) Marital Status: _____ (6) Date of Birth: _____
☐ Single ☐ Married (Month) (Day) (Year)
(7) Country of Present Citizenship: _____
Passport information:
Number: _____ Date of issue: _____
Issuing authority: _____ Date of expiration: _____

- (8) I would like to be a SPACE student of the faculty at Saga University that I checked immediately below.

* Students who want to study in the field of humanities and social science don't have to choose any faculties to study in. After reading your essay, we'll decide which faculty you study at.

- ☐ Faculty of Agriculture ☐ Faculty of Science & Engineering

- (9) As of October 1st 2019 (for those who apply for Fall 2019) or April 1st 2020 (for those who apply for Spring 2020), I am an undergraduate or graduate student of the department, institution, major, as I have specified below:

Home Institution: _____
Department: _____ Major: _____
Specialization: _____

The last academic year that you have completed by the date specified above (i.e., October 1st 2019 or April 1st 2020) is:

SPACE-E: ☐ the 2nd year, the sophomore year. ☐ the 3rd year, the junior year.

(10) My expected date of completion/graduation is _____(year) _____(month).

(11) The duration of stay that I would like is from October 1st, 2019 or April 1st, 2020 to:

_____ (month) _____ (day) _____ (year)

That is, I would like to stay for ☐ one semester / ☐ one year (two semesters)

(12) Language Proficiency Requirements

SPACE-E: You must submit a score sheet of TOEFL, IELTS or TOEIC. The classes of the elective subjects in SPACE-E are conducted in English, and your presentations in the Field Work on Japanese Affairs I & II should be made in English. If you take an Independent Study, your language proficiency of Japanese or English is required to be good enough. Also you might want to submit the score of the level of Japanese Language Proficiency Test if you have taken.

TOEFL Score: _____, IELTS Score: _____, TOEIC Score: _____,
Japanese Language Proficiency Test: Score: _____ of Level: _____

Language	Proficiency		
	Excellent	Good	Fair
Japanese			
English			
(other)_____			

(13) Educational background (beginning with the last high school you attended):

Institution	Name of institution	Major field of study	Entrance and Completion (Year)
High school			
College/ University			

(14) Which do you prefer to live, in International House (Dormitory) or in a Private Apartment?

☐ International House ☐ Private apartment

Note: This question doesn't guarantee that you can live in the option you chose.

(15) Do you receive any scholarship from your home university or country?

☐ Yes ☐ No

If yes, please let us know the amount per month. ()

*If you receive the whole amount of the scholarship just once, please divide the amount by the number of the months you plan to study in the program.

I certify that all of the information provided on these documents is complete and true to the best of my knowledge, and I agree to comply with the rules and regulations of Saga University if admitted to the SPACE program.

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

*We don't accept application without applicant's signature.

ESSAY

SPACE-E: Please write in ENGLISH.

(Write Approximately 500 words in English. Use a typewriter or a word processor.)

Full name: _____

Major at your home university: _____

(1) Briefly summarize your motivation for applying for the SPACE-E program.

(2) Briefly describe your plan of study after returning to your home university upon the completion of SPACE-E.

Pre-Registration for Independent Study

If you don't take Independent Study, you don't need to submit the form No.3.

Name: _____

Home Institution: _____

If you would like to do an Independent Study, then you can choose a research topic and a professor of the relevant faculty from the lists of professors and their research topics of the faculty. You can find the lists of professors together with their research topics at the URL as follows:

<http://research.dl.saga-u.ac.jp/search/index.html?lang=en&template=template1>

The professors in the lists basically can accept one SPACE student, but some professors may not be able to do so in some year without notice.

- Students of the Faculty of Science and Engineering /Agriculture must take Independent Study.
- If you don't submit this form, you cannot take Independent Study.

I would like to take Independent Study as follows:

- The semester(s) of my registration for *Independent Study* is/are:

☐ Fall 2019 ☐ Spring 2020

- The field and topic in which I would like to take Independent Study are: _____

Field: _____

Topic: _____

- The professor under whose supervision I would like to study is:

Professor's Name: _____

If the professor cannot accept me, then I would like to ask _____ or _____ or _____.

- I would like the specified faculty of Saga University _____ (faculty) to choose a particular professor according to the field and topic that I specified immediately above.

Note: Each professor can accept only one SPACE student for Independent Study.

The selection of your supervisor at Saga University will be based on the content of your study specified here. You are not allowed to change your study field after submitting this form.

The Applicant's Intention of Studying Abroad Either With or Without Receiving a Scholarship

I hereby confirm that the applicant, (Name:) _____, of (Home Institution:) _____, would like to study abroad in the SPACE program at Saga University, as his or her intention is specified below, having checked either A ☐ or B ☐, as marked in ☒.

- A ☐** The applicant will study abroad in the SPACE program with tuition and fees exempted at Saga University **even in the case that he or she does not receive a scholarship**. If this is the applicant's intention, he or she should **submit a bank account statement with his or her SPACE application packet** that proves that it is sufficient for him or her or his or her supporter to pay **65,000-yen to 90,000-yen (about 800 dollars) per month**, which is computed from 55,000-yen for his or her monthly living expenses, and, possibly 10, 000-yen to 35,000-yen for monthly rent. See *Housing in Campus Life* in the *SPACE brochure* for the availability of rooms in the university dorm.
- B ☐** The applicant will study abroad with the tuition and fees exempted in the SPACE program at Saga University **only if he or she receives a scholarship**. **Note that every scholarship recipient should rent a private apartment by him- or herself and pay 25,000-yen to 35,000-yen for monthly rent, as there is no university dorm available for those who receive a scholarship.**

Please be truthful of your intention that you specify above. The above information on the applicant's intention does not affect Saga University's decision as to which students are to receive a scholarship. The tuition and fee exemption is specified in the Academic/Student Exchange Agreement between your university and Saga University. The number of scholarships that SPACE students receive differs every year without notice.

Signature of Director/Coordinator in Charge of International Student Exchange:

_____, Date: _____

_____ [Print name]

_____ [Title]

Phone Number: _____

E-mail address: _____

_____ [Division]

_____ [University]

SAGA UNIVERSITY
Center for Promotion of International Exchange
1 Honjo-machi, Saga 840-8502, Japan

CERTIFICATE OF HEALTH

Applicant's name:			
(Family)	(First)	(Middle)	
Date of birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: () cm			
Weight: () kg			
Eye Sight: Uncorrected:	Right ()	Left ()	
Corrected:	Right ()	Left ()	
Hearing:	Right ()	Left ()	
Urinalysis:	Albumin ()	Sugar ()	Occult Blood ()
Respiratory Organs: Chest X-ray: Please comment on condition of applicant's lungs, giving date of examination.			
Circulatory Organs: Blood Pressure: Systolic () Diastolic () P.R. () p.m.			
Nervous System: Please give a detailed description of any disease, including chronic ailments or physical disabilities, found. Please give the applicant's medical history.			
Is the general state of the applicant's health in mind and body good enough for him/her to pursue the course of study contemplated in Japan? <input type="checkbox"/> Excellent <input type="checkbox"/> With prudence, probably no serious problem <input type="checkbox"/> Adequate <input type="checkbox"/> Doubtful			

Signature:	Date:
(Physician's Name in Print):	
Office/Institution:	
Address:	

* The date of certification should not be more than 6 month prior to the application deadline.
If another type of Certificate of Health mentions all of the above examination points, it can be used in place of this form.