Among the application documents, common errors and omissions in this form "2. Application【UOM】" have been highlighted with red boxes for your reference. Please check carefully.

(Document No. 1) Depending on the student category, please submit one of the following documents. Please refrain from filling out and submitting **both**.

* Special Audit Students: Special Audit Student Request (Form 2) (page 3)
* Special Research Students: Special Research Student Request (Form 3) (page 4)

(Form 2)

Special Audit Student Request

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

To the President of the University of Miyazaki

University:

Please select your desired Faculty or Graduate School from the drop-down menu.

Faculty/graduate school:

Name:

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

|  |
| --- |
| (Select from the drop-down list) |

　　I would like to enter the at the University of Miyazaki during the 2026 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.

Regardless of how long you actually plan to stay at Miyazaki University, please select either "1 year" or "6 months (half a year)" from the dropdown menu for the study abroad period.

1. Learning objective:

|  |
| --- |
| (Please select from the dropdown) |

1. Period of study at UoM:

(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

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:

This section often contains omissions or errors. The question pertains to courses that the student will take at our university, not at their home university. If credits are not required for both (a) and (b), be sure to enter "0."

1. Desired faculty/department/graduate school at the University of Miyazaki:

Faculty/graduate school:

Department/course:

1. The number of credits required to register and complete at the University of Miyazaki during your study abroad (e.g. Credits stipulated by the sending university or credits necessary for receiving scholarships):

(a) Number of credits required for course registration:

(b) Number of credits required for completion:

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

Specify:

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:

Financial Statement (Form 5)

For signatures, please sign the printed document then scan it,

or attach a scanned image of your signature to the file.

Typed signatures will not be accepted.

gnature to the file.

Typed signatures will not be accepted.

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:

Parent(s) Parent(s) or guarantor's signature

or guarantor's signature

(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.

Student's signature

nt's signature

Signature:

Date: