KANAZAWA UNIVERSITY STUDENT EXCHANGE PROGRAM
(SEMESTER PROGRAM 2015 / Program D)
APPLICATION PACKAGE
※ Use this sheet as the coversheet.

Name of Applicant

Applicant's Home Institution

This application (cover sheet plus 9 pages in total) should be sent through the office responsible for student exchange at the applicant's home institution along with the documents below.

Check List

1  Academic Record  [original]  □
    (issued by applicant's home institution)

2  Photos of the applicant (4 clear copies, 3×4cm, applicant's name written on the back)  [original]  □
    (Plain background, No hat except religious scarf, High quality photo (not printed from PC).
    Please be careful to sign your photos sometimes it will get smudge of ink and may ruin your photos.)

3  Agreement for Defraying Expenses (PDF format)  [original]  □
    with Statement of Bank Account Balance (equivalent to JPY 500,000)
    (A minimum amount of living cost in Kanazawa would be JPY 80,000 per month. Therefore if you participate in this program, we would like you to make sure that you will be able to afford necessary costs for your stay in Japan. Students applying for the Semester Program should enclose a bank balance verifying that they have funds equivalent to JPY 500,000.)

4  Copy of applicant's passport  [copy]  □
    (if unavailable at this time, send it as soon as possible)

5  Proof of English proficiency (non-native English speakers only)  [copy]  □

6  Proof of Japanese Proficiency Test of N3 or higher  [copy]  □
    (or a letter of recommendation)

Deadline: Friday, November 21 2014
※ This form is for students who wish to enter Kanazawa University in April 2015.

International Student Section, Global Affairs Support Office
Kanazawa University
Kakuma, Kanazawa, 920-1192 Japan

FAX: +81-76-234-4043
E-mail: st-exch@adm.kanazawa-u.ac.jp
INSTRUCTIONS

- Applications should be written in Japanese or English.
- Applications should be typed or written in block letters.
- Numbers should be in Arabic figures.
- Years should be written according to the Western calendar.
- Proper nouns should be written in full, no abbreviations.

1. Name (in Roman alphabet, same as your passport)
   (1) Roman alphabet * Must be the same as your passport
       
       Family name       Given name       (Middle name)

   2) in Chinese characters (only if applicable)
       
       Family name       Given name       (Middle name)

   3) Katakana (if you know)
       
       Family name       Given name       (Middle name)

2. Nationality

3. Sex  □ Male  □ Female

4. Marital status  □ Single  □ Married

5. Date of birth

   Year   Month   Day   Age  <As of April 1, 2015>

6. Place of birth

   Country       City etc.

   * Roman alphabet, or Chinese characters (if available)

7. Current address, telephone number, fax number and e-mail address

   Address

   Phone       Fax

   E-mail       (Write neatly in block letters.)

8. Person to be notified in your home country in case of emergency

   (1) Full name

   (2) Relationship to you

   (3) Address, telephone number and fax number

   Address

   Phone       Fax
9. Home Institution

Institution ___________________________ Faculty/Graduate school ___________________________ Department ___________________________

↓ Please circle one.

Enrollment ___________________________ School year as of April 1, 2015 [ 1st / 2nd / 3rd / 4th ] year of ___________________________

[ Undergraduate / Masters ] program

Year ______ Month ______

Contact address of the office responsible for student exchange of your home institution

Name ___________________________
E-mail ___________________________
Phone ___________________________

10. Major field(s) of study ___________________________

11. Language proficiency

Mark your level with a circle (“〇”) as appropriate.

<table>
<thead>
<tr>
<th>Language</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japanese</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your native language ___________________________

(1) Proficiency in English

* Please fill in if you are not a native speaker of English.

① Have you previously studied English ?

☐ No   ☐ Yes ⇒ Total of _______ year(s) _______ year(s) at degree level

② Please provide the score of the English proficiency test that you have taken most recently, such as TOEFL, TOEIC, IELTS, or similar tests.

Name of test ___________________________ Score(s) ___________

* Please attach a copy of the score report.

◆ If you have not taken a proficiency test, you should submit a document which certifies your ability to understand lectures in English. (signed by a English teacher, the person in charge of student exchange, etc.)

(2) Proficiency in Japanese

① Have you previously studied Japanese ?

☐ No   ☐ Yes ⇒ Total of _______ year(s) _______ year(s) at university level

② If yes, please fill in below.

<table>
<thead>
<tr>
<th>Name of school(s) you have studied Japanese</th>
<th>Period of study</th>
<th>Textbook(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

③ If you have passed the Japanese Language Proficiency Test, please circle the level that you hold.

⇒ Level N1 / N2 / N3 / N4 / N5
12. Period of study (enrollment period)
from April 2015 to August 2015

13. Course Plan
Please check the courses you wish to take. This is not your class registration. We just would like to know
※ The curriculum is subject to change.

Compulsory
■ Japanese (日本語)
■ Presentation (プレゼンテーション)
   Experience in Japanese Culture & Society (日本文化・社会体験)
   □ Budō-Jōdō I (武道・杖道 I)
   □ Budō-Karatedō I (武道・空手 I)
   □ Family in Japan (日本の家庭)
   □ Contemporary Art and Design (現代アートとデザイン)
   □ Japanese Art Performance and Music (日本の伝統芸能)
   □ Traditional Arts & Crafts and their Techniques (伝統工芸と職人の技)
   □ Japanese Society and Traditional Culture II (日本の社会と伝統文化 II)

Electives [taught in English (and Japanese)]
□ An Introduction to the Modern Japanese Culture and Society (現代日本の文化と社会)
□ Fluid Mechanics and Heat Transfer (流体力学と伝熱)
□ Comparative Children's Literature (比較児童文学)
□ Anthropology in Japan (日本人類学)
□ Japan Law News Project (日本法ニュース・プロジェクト)
□ A History of International Politics (Oriental) (国際政治史 (東洋))
□ Seminar in International Society Studies (International Security Issues) (国際社会研究演習)
□ Language in Culture and Society (社会文化の中の言語)
□ Japanese History (日本史)
□ International Relation (国際関係論)
□ Introduction to European Life (ヨーロッパ生活論)

14. Question of your condition
* Your answer to this section does not affect the selection of the program.
① Do you have any food allergies?
   □ No  □ Yes ⇒ What allergies do you have?
   How do you get symptoms?

② Are you currently regularly taking medication?
   □ No  □ Yes ⇒ What sorts of medicine do you need to take?

③ Do you have any food restrictions?
   □ No  □ Yes ⇒ What foods can you not eat?
15. An essay which supports your candidacy

※Please state why you wish to participate in this program, how you would benefit from it, and what you expect of it.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date of application ____________________________

Signature of applicant __________________________
To the President of Kanazawa University

I consider the following person as an appropriate student for the Kanazawa University Student Exchange Program (Semester Program), and recommend him/her as a candidate.

Priority order ___________ among ___________ (total number of applicants from your institution)

※ If your university recommends more than one student to this program, please specify the priority of each applicant by filling in "Priority order "above.

Name of institution ____________________________________________
Student's name ____________________________________________

Reason for recommendation

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Date 20 _______ Signature __________________________
Name __________________________
Title or Position __________________________

* The "RECOMMENDATION" form should be filled in by an authorized person affiliated to the applicant's home institution.
金沢大学短期留学候補者在籍証明書

Certificate of Enrollment of the Applicant for Kanazawa University Short-term Exchange Program

金沢大学留学生センター長 殿
To: Director of the International Student Center of Kanazawa University

下記の学生は、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 is registered as a regular student at our institution in the following capacity:

<table>
<thead>
<tr>
<th>申請者氏名</th>
<th>Name of applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>在籍大学等名</td>
<td>Name of institution</td>
</tr>
<tr>
<td>在籍学部／研究科</td>
<td>Faculty / School</td>
</tr>
<tr>
<td>在籍課程／学年 *1</td>
<td>Course/Grade (School year) *1</td>
</tr>
<tr>
<td>□ 学部 (Undergraduate) □ 短大 (Junior College)</td>
<td></td>
</tr>
<tr>
<td>□ 修士 (Master's)</td>
<td></td>
</tr>
<tr>
<td>□ 博士 (Doctorate) 学年 Grade (School year)</td>
<td></td>
</tr>
<tr>
<td>卒業／修了予定年月 *2</td>
<td>Expected date of completion / graduation *2</td>
</tr>
<tr>
<td>年 Year</td>
<td>月 Month</td>
</tr>
<tr>
<td>提出年月日 年 月 日</td>
<td>Date Year Month Day</td>
</tr>
</tbody>
</table>

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／修了年月を記入してください。留学期間が2016年9月までの場合は、それ以降でなければなりません。
*2 Expected date of completion/graduation should include the period of study in Japan. It should be after 2016/10, if the period of study ends in 2016/9.

注：申請者の在籍大学等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.
Resume（履歴書）

1 Name (氏名)

2 Educational background (学歴)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>School Name</th>
<th>Address</th>
<th>Year of Entry</th>
<th>Year of Graduation</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary Education</td>
<td>Name</td>
<td>Address</td>
<td>From</td>
<td>To</td>
<td>Yrs</td>
</tr>
<tr>
<td>Lower Secondary Education</td>
<td>Name</td>
<td>Address</td>
<td>From</td>
<td>To</td>
<td>Yrs</td>
</tr>
<tr>
<td>Upper Secondary Education</td>
<td>Name</td>
<td>Address</td>
<td>From</td>
<td>To</td>
<td>Yrs</td>
</tr>
<tr>
<td>Higher Education</td>
<td>Name</td>
<td>Address</td>
<td>From</td>
<td>To</td>
<td>Yrs</td>
</tr>
</tbody>
</table>

※ If necessary, please give information on a separate sheet of paper.
(注 上欄に書ききれない場合には、適当な別紙に記入して添付すること。)

3 Employment record (職歴)

<table>
<thead>
<tr>
<th>Organization Name</th>
<th>Address</th>
<th>Period of Employment</th>
<th>Type of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

※ If necessary, please give information on a separate sheet of paper.
(注 上欄に書ききれない場合には、適当な別紙に記入して添付すること。)
健康診断書

CERTIFICATE OF HEALTH (To be completed by the examining physician)

日本語又は英語により明瞭に記載すること。
Please fill out in PRINT/TYPY in Japanese or English.

[氏名] Family name  □  [First name]  [Middle name]  □

1．身体検査

Physical Examinations

身長 Height： cm  体重 Weight： kg

血圧 Blood pressure：mmHg — mmHg  血液型 Blood Type：ABO RH+

脈拍 Pulse： □ 定 regular

視力 Eyesight： □ R □ L □ R □ L □ 矫正 with glasses or contact lenses

聴力 Hearing： □ 正常 normal  □ 言語 speech： □ 異常 impaired

2．申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること（6ヶ月以上前の検査は無効）。

Please describe the results of physical and X-ray examinations of applicant's chest X-ray. X-ray taken more than 6 months prior to the certification is NOT valid.

肺 lung： □ 正常 normal  □ 異常 impaired  □ 心臓 Cardiomegaly： □ 正常 normal  □ 異常 impaired

異常がある場合 異常がある場合

心電図 Electrocardiograph： □ 正常 normal  □ 異常 impaired

3．現在治療中の病気

Disease Treated at Present □ Yes □ No

4．既往症

Past history：Please indicate with + or - and fill in the date of recovery

Tuberculosis ☐ ☐ ☐ ☐ ☐ Malaria ☐ ☐ ☐ ☐ ☐ Other communicable disease ☐ ☐ ☐ ☐ ☐ ☐
Epilepsy ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Kidney Disease ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Heart Diseases ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Diabetes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Drug Allergy ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Psychosis ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Functional Disorder in extremities ☐ ☐ ☐ ☐ ☐ ☐

5．検査

Laboratory tests

尿尿 Urinalysis: glucose □ protein □ occult blood □

赤沈 ESR： _____mm/Hr  □ WBC count： _____/cmm  貧血 anemia

Hemoglobin： _____gm/dl  □ GPT：

6．診断医の印象を述べてください。特に、心身の健康に問題があり、修学上特に支援が必要な場合は、具体的に記述してください。

Please describe your impression. If he/she requires special assistance due to health or mental conditions, please describe it in detail.

7．医師の既往歴、検査・検査の結果から判断して、現在の健康の状況は充分に留学に耐えうるものと思われますか？

In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan？

yes □ no □

日付: __________________ Signature: __________________

医師氏名
Physician's Name in Print: __________________

検査施設名
Office/Institution: __________________

所在地
Address: __________________
経費支弁書
Agreement for Defraying Expenses

金沢大学国際機構支援室長 殿
To Head of Global Affairs Support Office, Kanazawa University,

氏名（Student’s Name）

国籍（Nationality）

生年月日（Birthdate） 年（Year） 月（Month） 日（Day）

我，________________，作为学生在金沢大学学习的经费支弁者，同意支付该学生的相关生活费用。理由及与申请人的关系如下。我同意提供我的银行账户余额证明或相当文件。

・経費支弁の引受経緯（申請者の経費支弁を引き受けた経緯、及び申請者との関係について具体的に記載してください）

・Reason for defraying his/her expenses（Please explain in detail the circumstances where you agree to defray the applicant’s living expenses and your relationship to him/her.）

________________________________________

________________________________________

________________________________________

________________________________________

年(Year) 月(Month) 日(Day)

経費支弁者（Person who defrays the student’s expenses）

氏名（Name）

住所（Address）

電話番号（Tel.）

署名 Signature