Short-Term (one year) Program for Researching at Tokyo University of Agriculture and Technology

SPRING@TUAT

Application Package Checklist

Application materials should be sent in a complete package containing all the following documents.

Checklist	Check
1. Completed SPRING@TUAT Application for Admission - 8 pa	ges □*
2. Completed Certificate of Enrollment for TUAT issued from t	he Home Institution \Box^*
3. <u>Two</u> Recommendation Letters written by Faculty Members of	of the Home Institution \Box^*
4. Academic Record Transcript	□*
5. Explanation for Grade System of (4.) with an Authorized Sig	nature \square^*
6. Result of TOEFL or Equivalent Documents (for nonnative sp	peakers of English) \Box
7. Completed Health Certificate (in English)	□*
8. Copies of Passport and ID (if available)	
9. Your own e-mail address is specified.	□*
10.Copies of correspondence records with TUAT Advisor	□*
	*Compulsory for All Applicants
**********	☆★☆★☆★☆
11.Completed Certificate of Enrollment of the Applicant for Stud Program (Scholarship for Short-Term Study in Japan) (Form (If you want to apply)	
☆Please don't forget to send this checklist w	ith the above documents.
This application package should be checked the student exchange at the applicant's hom to TUAT.	
Date	
year	month day
Your Name	

The application package is not returnable.

Short-Term Program for Researching at Tokyo University of Agriculture and Technology

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Choose Your Answer

ll you take part in the	e program ever	n if you don't rece	ive JASSO scholarship
Yes 🗆]		No 🔲
*Any answer about this que	_	ence the selection of so	cholarship students at all.
APPLIC	CATION 1	FOR ADMI	SSION
東京農工大学	科学技術短期留学	プログラム申請書(特	別研究学生願)
※Please fill in Item 1 to 2 以下、1~20 まで受講希望者本		Date of applica Year Mo 20年	onth Day
President Tokyo University of Agric 東京農工大学長殿	culture and Techno		
I wish to apply for admissio 私は下記のとおり、特別研究			
1. Name in full in native la (姓名<自国語>)パスポー		as in your passport)	
In Roman <u>block capitals</u>	(Surname) (same as in you	(First) r passport)	(Middle)
(ローマ字) 2. Nationality	(Surname)	(First)	(Middle)
(国籍) 3. Your own e-mail address (電子メールアドレス)	s (Please print clea @		Photo 写真 Paste your Photograph (4 x 3 cm) ken within the last 3 months)

(在学大学・在籍学部名	(等)		·	
5. Date of birth (生年月日)	Year 19	Month	Day	
	(年)	(月)	(日)	
6. Place of birth (Names (If you are Chinese, pla (出生地)	-	-		
7. Sex (性別)	□ Male	☐ Female		
8. Marital status (未婚・既婚の別)	□ Single	☐ Married		
9. Passport information	(if available)			
(パスポート関係)				
Number:		Date of issue	;:	
Issuing authori	tv:	Date of expir	ration:	
Do you have a Japar If you have a passpo	nese nationality s	imultaneously (du	ual nationality)?	Yes No
10. Place to apply for Ja (ビザ申請地)	panese Visa			
Name of city:_				
11. Past entry into/stay (過去の渡日歴) (最近の出入国歴)	in Japan □ Yes (<u></u> tim	es) 🗆 No		
The latest entry from	n <u>year</u>	month day	to <u>year</u>	month day
12. The nearest interna (最寄りの国際空港)	tional airport in	your country ava	ilable when coming	g to Japan:
	: <u> </u>	Location	n of airport:	
13. Contact addresses (I (連絡先)	Please print clea	rly.)		
1) Present address of t	he applicant			
(現住所)				
Address				
Zip Code/Area	Code (if you have)			
Phone		Fa	ax	
E-mail				

2) Mail address if dif	ferent fro	om your present a	address	
(郵送先)				
Address				
Zip Code/Area	a Code (it	f you have)		
Phone			Fax	
3) Home address (if o	different	from your presen	t address)	
(実家の住所)				
Address				
Zip Code/Area	a Code (ii	f you have)		
Phone			Fax	
E-mail				
4) Contact address in	n case of	emergency after	you leave for Japan	
(緊急時の連絡先)				
Person to con	tact			
Address				
Zip Code/Area	a Code (ii	f you have)		
Phone			Fax	
E-mail				
14. Term of research i	~ TIIAT			
(東京農工大学聴講期				
	From	<u>Year</u> 2 0 1 2	Month October	Day 1
		(年)	(月)	(日) から
	То	<u>Year 2013</u>	Month August / Sep	otember* Day 3 1 / 3 0
		(年)	(月) *Select Month	(日) まで
				(This is one-year program.
15. Academic Supervi	sor in TI	JAT *		
(東京農工大学指導教				
Facult	y or Dep	artment		
Superv	visor's N	ame		

 $[\]mbox{*}$ You should find a TUAT supervisor prior to application.

16. Educational background (学歴)

	Name and Address of School (学校名及び所在地)	Year and Month of Entrance and Completion (入学及び卒業年月)	Major Subject (専攻科目)	Diploma or Degree Awarded (学位・資格)	Period of Education (修学期間)
Elementary Education (初等教育)	Name (学校名)	V(120 12x1/1)		(1 122) 2 (117)	years
Elementary School (小学校)	Location (所在地)				and months
Secondary Education (中等教育)	Name (学校名)				years
Secondary School (中学及び高校)	Location (所在地)				and
Higher Education (高等教育)	Name (学校名)				years
Undergraduate Level (大学)	Location (所在地)				and months
Graduate Level (大学院)	Name (学校名) Location				years and
	(所在地)				months
institutio (SPRINC	o you expect to gradua on if you are selected as a G 修了後の母校での卒業年お。	a SPRING@TUAT s			Total
	<u> </u>				years and
of SPRING@TUAT, September 30, 2013.)					
18. Japanese language background (日本語の学習歴)					months
I have learned Japanese for years / months.					

Full name:				
Major field of study: _				
Summarize your major f	ield of study an	d your motive	of application f	or this cours

Propose th	Propose the field or the topic of a research you want to be involved in at TUAT as Spo			T as Spe	
Research	Student.		, , , , , , , , , , , , , , , , , , ,	 	- www.pr

20. Essay about research at TUAT:

※ Please have your academic advisor fill out.

※ 在籍大学の担当教員が記入してください。

Letter of Recommendation 特別研究学生推薦書 (1/2)

1.	Reasons for recommending the special research student (東京農工大学特別研究学生としての推薦事由)
2.	Please comment on any condition (health or other) which requires medical or special consideration.
	(本人の健康状況等その他留学に係わる特記事項)
	Student's Name
	Academic Advisor's Name
	Advisor's Signature
	Advisor's Affiliation

※ Please have your academic advisor fill out.

※ 在籍大学の担当教員が記入してください。

Letter of Recommendation 特別研究学生推薦書 (2/2)

2.	Reasons for recommending the special research student (東京農工大学特別研究学生としての推薦事由)
2.	Please comment on any condition (health or other) which requires medical or special consideration. (本人の健康状況等その他留学に係わる特記事項)
	Student's Name
	Academic Advisor's Name
	Advisor's Signature
	Advisor's Affiliation

SPRING@TUAT HEALTH CERTIFICATE

Please use this designated form of Certificate, which should be filled out in English by a physician.

1. Name:			
2. Sex:	\square Male \square Female	3. Nationality:	
4. Birth Date:		5. Blood 7	Гуре:
6. Eyesight: glasse	es or contact lenses	\Box necessary	□unnecessary
7. Hearing:	Right □normal □in	mpaired / Left □nor	rmal □impaired
8. Medical History	: Please indicate with	a tick and fill in the da	te of recovery.
Rheumatic Fev Diabetes \Box (Renal Disease Functional Dise	\square () M order in Extremities) nsion □()
Remarks:	Year/Month/Day		
Name of Medici		riptions, fill in the follo t Illness Symptoms?	Dosage & Times Taken
11. General Remar	rks (Any additional inf	formation host universi	ty should be aware of)
in good physical a	and mental health, from the pable physically and the physically and the pable physical phys	ree of any chronic cond	ndition, I believe him / her t ditions, disorders or contag g two semesters of study
Date of Examination	on: Year/Month/Day		
Address:			
Name of Clinic/Ho			
Doctor's Name: _			
Signature:			

INSTRUCTIONS

For filling out the JASSO Scholarship Form 3-3 (様式 3-3) in the next page

Before start filling out the form, please confirm again the conditions below.



Monthly Stipend (JASSO)	80,000 JPY*
Travel Expenses (JASSO)	Not provided
Relocation Allowance (JASSO)	Not provided
Tuition	Waived for students from the institutions which have concluded a mutual tuition waiver contract with TUAT.

^{*} The amount is subject to change by the Budget 2012 of the Japanese Government.

 $^{\diamond}$ $^{\diamond}$ $^{\diamond}$ $^{\diamond}$ $^{\diamond}$

This form should be filled out by the <u>authorized person</u> of the applicant's home institution (such as your supervisor).

We ask the authorized person to fill out this form so as not to misrepresent the facts. If it is found that the statement is not true and incorrect, your recommended student will be unfavorably treated in the process of selection.

Name of applicant: Please type or print clearly.

Name of institution: Write the name of the applicant's home institution.

Faculty / School: If not applicable, write the applicant's major field(s) of study.

School year: Indicate the year of the program, for Master's degree that is

the applicant is currently enrolled in.

Expected date of completion / graduation:

Specify the date the applicant expects to complete his / her current study for the degree program at his / her home institution, taking into consideration that he / she intends to come to SPRING@TUAT. <u>The date must be after the date of completion of the SPRING@TUAT (i.e. September 30, 2013).</u>

Degree to be awarded: Indicate the type of degree the applicant is currently seeking.

Major: Please write the applicant's major field(s) of study at his / her home institution.

留学生交流支援制度(短期受入れ)候補者在籍証明書

Certificate of Enrollment of the Applicant for Student Exchange Support Program (Scholarship for Short-Term Study in Japan)

独立行政法人日本学生支援機構 理事長 殿

To: President, Japan Student Services Organization (JASSO)

下記の独立行政法人日本学生支援機構留学生交流支援制度(短期受入れ)奨学金等支給申請者は、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 who is applying for JASSO Student Exchange Support Program (Scholarship for Short-Term Study in Japan) is registered as a regular student at our institution in the following capacity.

申請者氏名	
Name of applicant	
在籍大学等名	
Name of institution	
在籍学部/研究科	
Faculty / School	
在籍課程/学年 *1	□ 学部 (Undergraduate) □ 短大 (Junior College)
Course / Grade (School Year) *1	
	□ 修士 (Master's)
	□ 博士 (Doctorate) 学年Grade (School year)
卒業/修了予定年月 *2	
Expected date of	年 Year 月 Month
completion / graduation *2	
取得予定学位	□ 学士 (Bachelor's degree) □ 準学士 (Associate degree)
Degree to be awarded	
	□ 修士 (Master's degree) 専攻 Major
	□ 博士 (Doctor's degree)
 留学先大学等名	
Host institution in JAPAN	Tokyo University of Agriculture and Technology
11000 montation in ornini	
提出年月日 年 月	日
Date Year Month	Day
	氏名
	Name
	職名
	Title
	署名
	Signature

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.

^{*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/修了年月日を記入してください。

^{*2} Expected date of completion / graduation should include the period of study in Japan.

[※]ご記入いただいた情報は、奨学金支給業務のために利用されます。また、行政機関及び公益法人等から奨学金の重複受給の防止等のため に照会があった場合は、適正な範囲内においてこの情報が必要に応じて提供されます。

Information submitted here will only be used to the extent of this Program. However, this information, when deemed appropriate, may be presented to administrative institutions and public-service organizations upon request to prevent disbursement of multiple scholarships to a single recipient.