KANAZAWA UNIVERSITY STUDENT EXCHANGE PROGRAM (SEMESTER PROGRAM 2014 / Program D) APPLICATION PACKAGE

※ Use this sheet as the coversheet.

	Name of Applicant		
	Applicant's Home Institution	_	
Th	is application (cover sheet plus 8 pages in total) should be sent through the c	office respo	<u>nsible</u>
fo	r student exchange at the applicant's home institution along with the documen	ts below.	
	Check List		
1	Academic Record	[original]	
	(issued by applicant's home institution)		
2	Photos of the applicant (4 clear copies, 3.5×4.5cm, 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) with Statement of Bank Account Balance (equivalent to JPY 500,000) 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.)	[original]	
4	Copy of applicant's passport (if unavailable at this time, send it as soon as possible)	[copy]	
5	Proof of English proficiency (non-native English speakers only)	[copy]	
6	Proof of Japanese Proficiency Test of N3 or higher (or a letter of recommendation)	[copy]	
	Deadline: Friday, 22 November 2013		<u>'</u>
	* This form is for students who wish to enter Kanazawa University in Apr	ril 2014.	

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 written in sapariese of 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 R (1) Roman	Roman alphabet n alphabet) s your passpo	ort	
Family	name	Given name		(Middle na	me)	
_	se characters (o)	(11114111111111111111111111111111111111		РНОТО
						(3.5×4.5cm)
Family (Given name		(Middle na	me)	
3) Natakana	a (if you know)					
Family	name	Given name	 -	(Middle n	name)	
2. Nationality					L	
3. Sex	□Male		4. Ma	rital status	□Single	
	□Female				□Married	
5. Date of bir	th	Year	Month	Dov	Age	1 1 A 2 25 A 2 2 1 4 2 2 4 4 1
		real	IVIOTILIT	Day		< ↑ As of April 1, 2014
6. Place of bi	i rth Co	ountry			City etc.	
			* Roma	an alphabet, or		cters (if available)
7. Current ad	ldress, telephor	ne number, fax	number a	nd e-mail add	dress	
Address						
Phone				Fax		
E-mail	Write neatly in bloo	ck letters)				
	be notified in yo		try in case	of emergen	су	
(1) Full name				(2) Relati	onship to you_	
(3) Address, to	elephone numbe	er and fax number	er			
Address						
Phone				Fax		

9. Home Institution Institution Faculty/Graduate school Department ↓ Please circle one. School year as of April 1, 2014 [1st / 2nd / 3rd / 4th] year of Enrollment Year Month [Undergraduate / Masters] program 10. Major field(s) of study 11. Language proficiency Mark your level with a circle ("O") as appropriate. Language Excellent Good Fair Poor English Japanese Your native language Others (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? \square Yes \Rightarrow Total of ☐ No _year(s) year(s) at university level ② If yes, please fill in below. Name of school (s) you have studied Japanese Period of study Textbook(s)

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	l of st	tudy ((enrol	Iment	period)	١
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from 1st Apr. 2014 to 30th Sept. 2014

13. Course Plan

Please check the courses you wish to take. This is not your class registration. We just would like to know which subjects you are interested in.

X 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) 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?

What foods can you not eat?

3 Do you have any food restrictions?

☐ Yes ⇒

☐ No

15. An essay which supports your candidacy

*Please state why you wish to participate in this p expect of it.	rogram, how you would benefit from it, and what you
Date of application	
Date of application	
Signature of applicant	

RECOMMENDATION

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. among _____ (total number of applicants Priority order 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 Name Title or Position

^{*} The "RECOMMENDATION" form should be filled in by an authorized person affiliated to the applicant's home institution.

Resume (履歴書)

1	Name	(氏名)	

2 Educational background (学歴)

2 Educational bac	ekground (字歴)			
	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)	Period of schooling you have attended (修学年数)	Diploma or Degree awarded Major Subject (学位・資格・専攻科目)
Elementary Education (初等教育)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Lower Secondary Education (中等教育)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Upper Secondary Education (高校)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Higher Education (高等教育) Undergraduate Level (大学)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
Higher Education (高等教育) Graduate Level (大学院)	Name (学校名) Address (所在地)	From (入学) To (卒業)	Yrs (年)	
	Expected date of completi after the period of study (金沢大学へ短期留学したね	at Kanazawa University	year(年)	month (月)

^{| **} 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)

-	o Emprojimento recora (p	,		
	Name of Organization	Address of Organization	Period of Employment	Type of Work
	(勤務先)	(所在地)	(勤務期間)	(職務内容)
			From	
			То	
Ī			From	
			То	

[※] 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)

	又は英語により明瞭にi fill out (PRINT/TYPE)ir							
氏名 Name_	:				Male Female	生年月日 Date of Birth:		年齢 Age :
_	Family name,	['] First name Mi	iddle name					8
	·体検査 nysical Examinations							
(1)	身 長 Heightcm	体 重 Weigh <u>t</u> kg						
(2)	血 圧 Blood pressure	mm/Hg ~	mm/Hg	血液型 Blood Type	АВО			regular 堅 irregular
(3)	視 力 Eyesight: <u>(R)</u> 裸眼 with	<u>(L)</u> <u>(R)</u> out glasses 矯正 with glass	(L)	net lancas				
(4)		nal 言語	正常 r	normal				
				mpaired				
P	請者の胸部について, ease describe the resu crtification is NOT valid)	徳診とX線検査の結果を記入し lts of physical and X-ray exan	てください ninations o	N。X線検査の of applicant's	の日付も記 chest x-r	ピ 入すること (6 ray (X-ray taken	ヶ月以上前の4 n more than 6	検査は無効。) months prior to the
į	AP I	肺 正常 normal lung : 異常 impaired	心脈 Card	載 liomegaly:	正常	normal impaired \		
- /		Date Film No.				ある場合 心電図 Electr	ocardiograph :	正常 normal
V		Describe the condition of appl	licant's lung					異常 impaired
	在治療中の病気 isease Treated at Present	Yes (Disease <u>:</u> t No)		
4. 贸	往症	ate with + or - and fill in the	date of reco	overv				
Tr.	h.a	.) Malaria () Kidney Disease () Drug Allergy (remities ()	,	\ 04	ner commu ses	unicable disease. () .)	(.	.)
5.検	查 Laboratory tests 尿 Urinalysis:glucose	e (),protein (),occult	blood ()				
赤	:沈 ESR :mm/H	Hr, WBC count :/cmm	貧血 anem					
	emoglobin:gm/d							
	と断医の印象を述べて下る lease describe your impre							
		検査の結果から判断して,現在 nistory and the above findings,					iate to pursue s	studies in Japan ? ves no
Е	付	署名					J	•
D	ate:	Signature <u>:</u>						
		氏名 ame in Print <u>:</u>						
		查施設名 ce/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)
私,は, 上記 た。経費支弁の引受経緯・上記学 名義の銀行の預金残高証明書また。	生との関係は下記の	通りです。また,別	
I,, hereb mentioned student during his/her his/her living expenses and rela provide an official certificate of b	er stay at Kanazaw ationship to him/he	a University. Reaso er are given below.	ons for defraying . I also agree to
 ・経費支弁の引受経緯(申請者の) 具体的に記載してください) ・Reason for defraying his/her where you agree to defray the him/her.) 	expenses (Please e	explain in detail th	ne circumstances
		ar) 月(Month	n) 目(Day)
経費支弁者(Person who defrays 氏名(Name)	•		
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F-7 T D (m 1)			
			-

署名 Signature