

STEP@TUAT

Application Package Checklist

Application materials should be sent **by e-mail** in a complete package containing all the following documents.

<u>Checklist</u>	<u>Check</u>
1. Completed STEP@TUAT Application for Admission – Form 2022-A-1~8	<input type="checkbox"/>
2. Your own e-mail address is specified in Form 2022-A-2	<input type="checkbox"/>
3. Completed health certificate (in English) – Form 2022-B	<input type="checkbox"/>
4. Certificate of Enrollment for TUAT issued from the home institution (either in English or in Japanese)	<input type="checkbox"/>
5. Academic Record Transcript (either in English or in Japanese)	<input type="checkbox"/>
6. Explanation for Grade System of your Academic Record Transcript with an authorized signature (either in English or in Japanese)	<input type="checkbox"/>
7. Result of TOEFL or other equivalent documents (non-English speaking countries)	<input type="checkbox"/>
8. Copies of Passport and ID (if available)	<input type="checkbox"/>
9. Copies of correspondence records with TUAT Advisor, showing the arrangement of acceptance by the academic advisor (<u>only for GR category</u>)	<input type="checkbox"/>

☆ **Please don't forget to send this checklist with the above documents.**

This application package should be checked by the office responsible for the student exchange at the applicant's home institution and submitted to TUAT.

I certify that all the information provided in this form and the accompanying documents is complete and accurate to the best of my knowledge, and if admitted, I agree to comply with the rules and regulations of Tokyo University of Agriculture and Technology.

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

Applicant's Name _____

Applicant's Signature _____

The application package is not returnable.

Short-Term Exchange Program in Science and Engineering
at Tokyo University of Agriculture and Technology

STEP@TUAT

Choose One Category

Category V2	Special Auditing Student (from Sep. 2022 to Aug. 2023)	<input type="checkbox"/>
Category GR	Special Research Student (from Sep. 2022 to Aug. 2023)	<input type="checkbox"/>

What is your Major? (Choose One)		
Agriculture Related <input type="checkbox"/>	Engineering Related <input type="checkbox"/>	Others <input type="checkbox"/>

APPLICATION FOR ADMISSION

東京農工大学科学技術短期留学プログラム申請書

※Please fill in Item 1 to 19 by the applicant.

以下、1～19 まで受講希望者本人が記入すること

Date of application

Year Month Day
20_____年 _____月 _____日

To: President,

Tokyo University of Agriculture and Technology
東京農工大学長殿

I wish to apply for admission as a special auditing/research student to your university.

私は下記のとおり、特別聴講／研究学生として入学したいので、別紙関係書類を添えて出願します。

1. Name in full in **Block Letters** (as shown on your passport)


(姓名)

(Family) (First) (Middle)

*Family name in Capital Letters

2. Nationality

(国籍)

 <p>Photo 写真</p>
<p>Paste your Photograph (4cm x 3cm)</p>

(Taken within the **last 3 months**)

3. Your own e-mail address* (Please type or write in **block letters**.)

*Please write your e-mail address that you access frequently.

(電子メールアドレス)

@

4. Present status: Name of the home institution and faculty attended

(在学大学・学部名等)

Home institution

Faculty

5. Date of birth

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

6. Place of birth (Name of province and city)

(If you are Chinese, please write in Chinese characters.)

(出生地)

7. Gender

(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 authority: _____ Date of expiration: _____

Do you have a Japanese nationality simultaneously (dual nationality)? Yes No**If you have a passport, a copy should be attached to the application form.**

10. Place to apply for Japanese Visa

(ビザ申請地) Name of city in your country: _____

11. Past entry into Japan

(過去の渡日歴) Yes (_____times) No

(最近の出入国歴) The latest entry from _____ year _____ month _____ day to _____ year _____ month _____ day

12. The nearest international airport in your country available when coming to Japan:

(最寄りの国際空港)

Name of airport: _____

13. Contact addresses (Please type or write **clearly**.)

(連絡先)

1) Present address of the applicant

(現住所)

Address _____

Zip Code /Area Code (if you have) _____

Phone _____ Fax _____

E-mail _____

2) Mail address (if different from your present address)

(郵送先)

Address _____

Zip Code /Area Code (if you have) _____

Phone _____ Fax _____

3) Home address (if different from your present address)

(実家の住所)

Address _____

Zip Code /Area Code (if you have) _____

Phone _____ Fax _____

E-mail _____

4) Contact address in case of emergency after you leave for Japan

(緊急時の連絡先)

Person to contact _____

Address _____

Zip Code /Area Code (if you have) _____

Phone _____ Fax _____

E-mail _____

14. Academic Supervisor in TUAT for GR Category

(東京農工大学指導教員)

*V2 Category Applicants do not need to fill.

Faculty or Department _____

Supervisor's Name _____

* GR Category students should find a TUAT supervisor prior to application.

15. 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) Location (所在地)	From (入学) To (卒業)	/	/	<input type="text"/> years and <input type="text"/> months
Secondary*1 Education (中等教育)	Name (学校名) Location (所在地) Name (学校名) Location (所在地)	From (入学) To (卒業) From (入学) To (卒業)			<input type="text"/> years and <input type="text"/> months
Higher*2 Education (高等教育)	Name (学校名) Location (所在地)	From (入学) To (卒業)			<input type="text"/> years and <input type="text"/> months
Graduate Level (大学院)	Name (学校名) Location (所在地)	From (入学) To (卒業)			<input type="text"/> years and <input type="text"/> months
*1 Junior High School and High school *2 Undergraduate					<input type="text"/> years and <input type="text"/> months

16. When do you expect to graduate / complete your studies at home institution if you are selected into STEP@TUAT program?

(STEP 修了後の母校での卒業年および月)

Year: _____ Month: _____

(Note: **You should be a registered student of your home institution until the end of STEP@TUAT.**)Total Period of
Education
(修学期間合計)Total

years and

months

17. Do you have Japanese language background?

(日本語の学習歴)

 Yes No

If yes, how long? _____ year(s), and _____ month(s).

Your level of Japanese skill? Excellent Good Intermediate Beginner

18. Essay about your study and your motive.

(これまでの学習と志望動機についてのエッセイ)

Full name: _____

Major field of study: _____

Summarize your major field of study and your reason for applying for this course.

(Please type or write **clearly**.)

19. Essay about research at TUAT:

(東京農工大学での研究についてのエッセイ)

Full name: _____

Propose the field or the topic of research you would like to be involved in at TUAT.
(Please type or write **clearly**.)

Letter of Recommendation
特別聴講／研究学生推薦書推薦書 (1/2)

- ※ To be filled out by your academic advisor.
- ※ 在籍大学の担当教員が記入してください。

1. Reasons for recommending the special auditing/research student
(東京農工大学特別聴講／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 _____

Letter of Recommendation
特別聴講／研究学生推薦書推薦書 (2/2)

- ※ To be filled out by your academic advisor.
- ※ 在籍大学の担当教員が記入してください。

1. Reasons for recommending the special auditing/research student
(東京農工大学特別聴講／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 _____

STEP@TUAT HEALTH CERTIFICATE

Please use this designated form, be filled out in English by a physician.

1. Name: _____
2. Gender: Male Female 3. Nationality: _____
4. Birth Date: Year/Month/Day _____ 5. Blood Type: _____
6. Eyesight: glasses or contact lenses unnecessary necessary
7. Hearing: Right side normal impaired / Left side normal impaired
8. Medical History: Please indicate with a tick and fill in the date of recovery (Year/Month/Day).

- | | | | |
|------------------------------------|-----------------------------|------------------------------|--------------------------|
| Tuberculosis | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Malaria | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Rheumatic Fever | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Allergy | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Hypertension | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Cardiac Diseases | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Renal Disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Diabetes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Epilepsy | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Other Internal Diseases | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Functional Disorder in Extremities | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Mental Disorder | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |
| Other Remarkable Diseases | <input type="checkbox"/> No | <input type="checkbox"/> Yes | () |

9. Result of X-ray: Direct Indirect No. _____

Date of X-ray: Year/Month/Day _____

Unremarkable(Normal)

Remarkable (Comments: _____)

10. If he/she is carrying medicines/prescriptions, fill in the following.

Name of Medicine	For What Illness Symptoms?	Dosage & Times Taken
_____	_____	_____
_____	_____	_____

11. General Remarks (Any additional information host university should be aware of)

After reviewing the applicant's medical history and physical condition, I believe him / her to be in good physical and mental health, free of any chronic conditions, disorders or contagious diseases, and capable physically and mentally of completing two semesters of study in a Japanese university.

Date of Examination: Year/Month/Day _____

Address: _____

Name of Clinic/Hospital: _____

Doctor's Name: _____

Signature: _____