

STEP@TUAT

Application Package Checklist

Please tick off the
items you have
enclosed

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

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

Applicant's Name Luke Skywalker

Applicant's Signature Luke Skywalker

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 checked="" 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 22 年 3 月 1 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)

SKYWALKER Luke John
(Family) (First) (Middle)
*Family name in Capital Letters

2. Nationality

(国籍)

Tatooine

 <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)

LS1234@gmail.com

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

(在学大学・学部名等)

Home institution

Faculty

University of Bestine**Agriculture**

5. Date of birth

(生年月日) Year **2001** Month **5** Day **5**
(年) (月) (日)

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

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

(出生地)

Bestine

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: **SW207055** Date of issue: **22 Jan 2020**Issuing authority: **Ministry of Foreign Affairs** Date of expiration: **22 Jan 2030**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: **Bestine**

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: **Bestine International Airport**

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

(連絡先)

1) Present address of the applicant

(現住所)

Address 33 Blakey Ave. Karoon, BestineZip Code /Area Code (if you have) 331331Phone +63 3 555 1111 Fax +63 3 555 1111E-mail LS1234@gmail.com

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 Mr. Han SoloAddress University of Bestine, PO Box 123Zip Code /Area Code (if you have) 331223Phone +63 4 555 2211 Fax +63 4 555 2111E-mail hansolo@ub.ac.ta

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) St. Bestine Elementary School Location (所在地) 78 North Ave., Bestine	From (入学) Oct. 2007 To (卒業) Sep. 2013	/	/	6 years and months	
Secondary*1 Education (中等教育)	Name (学校名) North Bestine Junior High School Location (所在地) 41 Blue Ave., Bestine Name (学校名) East Bestine High School Location (所在地) 13 Green Ave., Bestine	From (入学) Oct. 2013 To (卒業) Sep. 2016 From (入学) Pct.2016 To (卒業) Sep. 2019			6 years and months	
Higher*2 Education (高等教育)	Name (学校名) University of Bestine Location (所在地) 45 New East Ave., Bestine	From (入学) Oct. 2020 To (卒業) Sep. 2025			Agriculture	5 years and months
Graduate Level (大学院)	Name (学校名) Location (所在地)	From (入学) To (卒業)			Agriculture	years and months

Fill the total of
"Elementary Education",
"Secondary Education",
"Higher Education" and
"Graduate Level" until
Sep. 2023

*1 Junior High School and High school

*2 Undergraduate

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: 2025 Month: September(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

15

 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: Luke Skywalker

Major field of study: Agronomy

Summarize your major field of study and your reason for applying for this course.
(Please type or write **clearly**.)

Type or write here, 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: Luke Skywalker

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

Type or write here, 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)

Type or write here, clearly.

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)

Type or write here, clearly.

Student's Name	<u>Luke Skywalker</u>
Academic Advisor's Name	<u>Han Solo</u>
Advisor's Signature	<u>Han Solo</u>
Advisor's Affiliation	<u>Professor, School of Agriculture</u>

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)

Type or write here, clearly.

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)

Type or write here, clearly.

Student's Name	<u>Luke Skywalker</u>
Academic Advisor's Name	<u>Padme Amidala</u>
Advisor's Signature	<u>Padme Amidala</u>
Advisor's Affiliation	<u>Director, Center for Study Abroad</u>

STEP@TUAT HEALTH CERTIFICATE

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

1. Name: Luke Skywalker
2. Gender: Male Female 3. Nationality: Tatooine
4. Birth Date: Year/Month/Day 2001/5/5 5. Blood Type: O-
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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Malaria	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Rheumatic Fever	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Allergy	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Egg		
Hypertension	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Cardiac Diseases	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Renal Disease	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Diabetes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Epilepsy	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Other Internal Diseases	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Functional Disorder in Extremities	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Mental Disorder	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
Other Remarkable Diseases	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			

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

Date of X-ray: Year/Month/Day 2022/2/25

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 2022/2/25

Address: 858 Hall St. Bestine, Tatooine

Name of Clinic/Hospital: St. Bestine Hospital

Doctor's Name: Bib Fortuna

Signature: Bib Fortuna