

STEP@TUAT

Application Package Checklist

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 2021-A-1~8	<input type="checkbox"/>
2. Your own e-mail address is specified in Form 2021-A-2	<input type="checkbox"/>
3. Completed health certificate (in English) – Form 2021-B	<input type="checkbox"/>
4. JASSO application to be completed by the authorized person – Form 2021-C (<u>not necessary, if you are not applying for the scholarship</u>)	<input type="checkbox"/>
5. Certificate of Enrollment for TUAT issued from the home institution (either in English or in Japanese)	<input type="checkbox"/>
6. Academic Record Transcript (either in English or in Japanese)	<input type="checkbox"/>
7. Explanation for Grade System of your Academic Record Transcript with an authorized signature (either in English or in Japanese)	<input type="checkbox"/>
8. Result of TOEFL or other equivalent documents (non-English speaking countries)	<input type="checkbox"/>
9. Copies of Passport and ID (if available)	<input type="checkbox"/>
10. 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 U1	Undergraduate Level (Fall Semester)	<input type="checkbox"/>
Category V2	Undergraduate & Graduate Level (Fall and Spring Semester)	<input type="checkbox"/>
Category GR	Special Research Student (Fall and Spring Semester)	<input type="checkbox"/>

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

Will you take part in the program even if you don't receive JASSO scholarship?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

*Any answer about this question does not influence the selection of scholarship students at all.

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. Date of application

以下、1～19 まで受講希望者本人が記入すること

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)

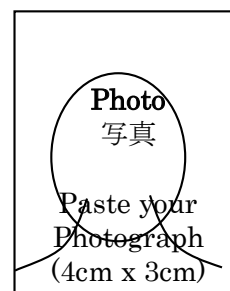
(First)

(Middle)

*Family name in Capital Letters

2. Nationality

(国籍)



(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

☐ Male☐ Female

(性別)

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)

*U1 and 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)			<div></div> years and <div></div> 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)			<div></div> years and <div></div> months
Higher※2 Education (高等教育)	Name (学校名) Location (所在地)	From (入学) To (卒業)			<div></div> years and <div></div> months
Graduate Level (大学院)	Name (学校名) Location (所在地)	From (入学) To (卒業)			<div></div> years and <div></div> months

※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: _____ 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. ALL APPLICANTS: For All Categories
(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: Only for V2 and GR APPLICANTS

(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.

(U1 Applicants do not need to fill. Please type or write **clearly**.)

U1 Applicants do not need to fill.

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: _____

INSTRUCTIONS

For filling out Form 2021-C in the next page for the JASSO Scholarship

Before starting, **please confirm again these items below.**



Monthly Stipend (JASSO)	80,000 JPY*
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*The amount is subject to change by the Budget 2021 of the Japanese Government.

☆ ☆ ☆ ☆ ☆

This form should be filled out by the authorized person 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.

Please ascertain whether your recommended student meets with all of the JASSO's requirements and qualifications mentioned in page 6 of STEP Course Calendar.

< Important Information for filling out Form 2021-C >

Name of applicant: Please type or write 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 either a Bachelor's or 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 STEP@TUAT. **Completion Date must be after the date of completion of the STEP@TUAT.**

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.

Question1-3: Mark the applicable section and fill in the blank if you need.

Note1: This application is only necessary if the student applies for JASSO Scholarship.

Note2: **The authorized person of the applicant's home institution should fill out this form.**

Note3: **Before filling in this form, please ascertain whether the recommended student meets with all of JASSO's requirements mentioned in page 6 of STEP Course Calendar.**

注1: 学生が日本学生支援機構の奨学金に申し込む場合のみ、この申請様式の提出が必要となります。

注2: 申請者の在籍大学の責任者が記入してください。

注3: 様式を記載する前に、推薦する学生がJASSOの資格及び条件（Course Calendar 6頁記載）を全て満たすか確認して下さい。

To: President, Tokyo University of Agriculture and Technology

東京農工大学 殿

This is to certify that the following person who is applying for JASSO Study Abroad Support Program (Scholarship for Short-Term Study in Japan) is registered as a regular student at our institution in the following capacity and meet the JASSO's requirements and qualifications for receiving the scholarship.

下記の独立行政法人日本学生支援機構海外留学支援制度（協定受入）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、奨学金支給対象者資格及び条件を満たしていることを証明します。

Name of applicant 申請者氏名			
Name of institution 在籍大学名			
Faculty / School 在籍学部/研究科			
Course / Grade (School Year) *1 在籍課程/学年 *1	<input type="checkbox"/> Undergraduate 学部	<input type="checkbox"/> Master's 修士	<input type="checkbox"/> Doctorate 博士 Grade (School year) 学年 _____
Expected date of completion / graduation *2 卒業/修了予定年月 *2	_____ (Year 年 / Month 月)		
Degree to be awarded 取得予定学位	<input type="checkbox"/> Bachelor's degree 学士	<input type="checkbox"/> Master's degree 修士	<input type="checkbox"/> Doctor's degree 博士 Major 専攻 _____
Q1: This student will, upon completion of the term of exchange, return to home institution to resume his/her studies or to be awarded their degrees. 帰国後、在籍大学に戻り学業を継続する又は在籍大学の学位を取得する。		<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	
Q2: This student will receive scholarship(s) from other organization (s) to participate in this program. プログラム参加にあたり、他団体等から奨学金を受け取る予定がある。 → If the answer "Yes", write name(s) of organizations and the total amount expected per month. 「はい」の場合、その奨学金を支給する団体名及び奨学金月額を記載。		<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ Organization name 団体名 _____ Total to be received monthly 合計月額 _____ JPY	
Q3: This student will apply /applied for 2021 Japanese Government (Monbukagakusho) Scholarship Student 令和3年度国費外国人留学生制度に申請している又はする予定である。		<input type="checkbox"/> Yes はい <input type="checkbox"/> No いいえ	

*1 Please fill in the school year at September 1st, 2021. 2021年9月1日時点の学年を記入してください。

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

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。

Date 記入年月日 _____
(Year 年 / Month 月 / Day 日)

Name 氏名 _____

Title 職名 _____

Signature 署名 _____

【TUAT entry column. (TUAT 確認欄)】 ※For Office Use Only.

我が国と国交のある国の国籍を有する者である。(台湾・パレスチナ学生を含む。)	
在籍校とは姉妹校協定等を締結しており、学生の受入れが可能である。	
成績評価係数が、JASSOの算出方法により2.30以上である。	
申請者はプログラム参加にあたり「留学」の在留資格を取得しうる者である。	
他団体等からの奨学金の支給月額の合計が8万円を超えない。	