

**KANAZAWA UNIVERSITY STUDENT EXCHANGE PROGRAM  
(SEMESTER PROGRAM 2016 / Program D)  
APPLICATION PACKAGE**

※ Use this sheet as the coversheet.

Name of Applicant \_\_\_\_\_

Applicant's Home Institution \_\_\_\_\_

This application (cover sheet plus 10 pages in total) **should be sent through the office responsible for student exchange** at the applicant's home institution along with the documents below.

*Check List*

1	<b>Academic Record</b> (issued by applicant's home institution)	[original]	<input type="checkbox"/>
2	<b>Photos of the applicant (4 clear copies, 3x4cm, applicant's name written on the back)</b> (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.)	[original]	<input type="checkbox"/>
3	<b>Agreement for Defraying Expenses (PDF format) with Statement of Bank Account Balance (equivalent to JPY 500,000) for Spring or Autumn Semester applicants</b> (A minimum amount of living cost in Kanazawa would be JPY 80,000 per 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 (Spring or Autumn) should enclose a bank balance verifying that they have funds equivalent to JPY 500,000. This is not applicable to the students who wish to study for one quarter.)	[original]	<input type="checkbox"/>
4	<b>Copy of applicant's passport</b> (if unavailable at this time, send it as soon as possible)	[copy]	<input type="checkbox"/>
5	<b>Proof of English proficiency (non-native English speakers only)</b>	[copy]	<input type="checkbox"/>
6	<b>Proof of Japanese Proficiency Test of N3* or higher for Spring Semester only applicants and N5 or higher for Autumn Semester or a quarter (Oct to Dec) only applicants</b> (or a letter of recommendation)	[copy]	<input type="checkbox"/>

※ Please check the program you are applying for.

April 2016 -

Deadline: Friday, November 20 2015

October 2016 -

Deadline: Monday, February 29 2016

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 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 Roman alphabet, same as your passport)**

(1) Roman alphabet \* Must be the same as your passport

\_\_\_\_\_  
Family name                  Given name                  (Middle name)

(2) in Chinese characters (only if applicable)

\_\_\_\_\_  
Family name                  Given name                  (Middle name)

(3) Katakana (if you know)

\_\_\_\_\_  
Family name                  Given name                  (Middle name)

PHOTO

(3×4cm)

**2. Nationality** \_\_\_\_\_

**3. Sex**

Male

Female

**4. Marital status**

Single

Married

**5. Date of birth**

\_\_\_\_\_  
Year                  Month                  Day

**Age**

\_\_\_\_\_  
<↑As of April 1, 2016>

**6. Place of birth**

Country \_\_\_\_\_ City etc. \_\_\_\_\_

\* Roman alphabet, or Chinese characters (if available)

**7. Current address, telephone number, fax number and e-mail address**

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

(Write neatly in block letters.)

**8. Person to be notified in your home country in case of emergency**

(1) Full name \_\_\_\_\_ (2) Relationship to you \_\_\_\_\_

(3) Address, telephone number and fax number

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**9. Home Institution**

\_\_\_\_\_ Institution \_\_\_\_\_ Faculty/Graduate school \_\_\_\_\_ Department  
↓ Please circle one.  
Enrollment \_\_\_\_\_ School year as of April 1, 2016 [ 1st / 2nd / 3rd / 4th ] year of  
Year Month [ Undergraduate / Masters ] program

Contact address of the office responsible for student exchange of your home institution

Name \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**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				
Others				
.....				

Your native language \_\_\_\_\_

(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 ?

No  Yes ⇒ Total of \_\_\_\_\_ 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 of study (enrollment period)

Please select one.

- From April 2016 to August 2016 (two quarters)
- From October 2016 to February 2017 (two quarters)
- From October 2016 to Early-December 2016 (one quarter)

## 13. Course Plan

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

※ The curriculum is subject to change.

(1) Spring Semester 2016

**Compulsory** ■ Japanese (日本語) (←Compulsory)  
■ Presentation (プレゼンテーション)

Program for Study of Japanese Culture & Society (日本文化・社会体験)

- 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)
- Contemporary Art and Design (現代アートとデザイン)
- Japanese Society and Traditional Culture II (日本の社会と伝統文化II)
- Family in Japan (日本の家庭)
- Budō-Karatedō I (武道・空手I)
- Budō - Shōrinji-Kenpō (武道・少林寺拳法)
- Budō-Jōdō I (武道・杖道I)
- Zen and Japanese Culture (禅と日本文化)
- Japanese Calendar and Time Culture (日本の暦と時間)
- Natural and Cultural Diversity of Ishikawa and International Initiatives (石川県の自然と文化多様性と国際的なイニチアチブ)
- Nurse Care to Elderly People in Japan (日本における介護福祉の現状)
- Japanese Language and Society (日本語と社会)
- Sociology of Food and Eating (食の社会学)

### 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)
- Anthropology in Japan (日本人類学)
- A History of International Politics (Oriental) (国際政治史(東洋))
- Seminar in International Society Studies (国際社会研究演習)
- Japanese History (日本史)
- International Relations (国際関係論)
- Introduction to European Life (ヨーロッパ生活論)
- Population Geography of Japan (日本の人口学)
- American/British Media Studies E (米英メディア文化論)
- Language Ideology in Japan (社会文化の中の言語)

(2) Autumn Semester 2016

**Compulsory** ■Japanese (日本語)

■Report (レポート)

Program for Study of Japanese Culture & Society (日本文化・社会体験)

- Japanese Culture through the Way of Tea (茶道を通して学ぶ日本文化)
- Ohi Pottery: Clay and Fire (大樋焼:土と炎)
- Japanese Society and Traditional Culture I (日本の社会と伝統文化 I)
- Education in Japan (日本の教育)
- Budo - Karatedo I (武道・空手道 I)
- Budo - Shorinji-Kenpo (武道・少林寺拳法)
- Budo - Jodo I (武道・杖道 I)
- Japanese Religions (日本の宗教)
- Zen and Japanese Culture (禅と日本文化)
- Japanese Calendar and Time Culture (日本の暦と時間)
- Natural and Cultural Diversity of Ishikawa and International Initiatives (石川県の自然と文化多様性と国際的なイニチアチブ)
- Communication Business (コミュニケーションビジネス)
- Nurse Care to Elderly People in Japan (日本における介護福祉の現状)
- Gender and Society (ジェンダーと社会)
- Japanese Language and Society (日本語と社会)

**Electives [taught in English (and Japanese)]**

- Comparative Politics (比較政治学)
- Japanese Politics & Diplomacy (日本政治・外交論)
- Anthropology in Japan (日本人類学)
- Law and Society in Japan (日本の法と社会)
- Japanese History (日本史)
- Global Environment and Its Dynamics (地球環境論 E)
- Seminar in International Society Studies (国際社会研究演習)
- Learning French (フランス語を学ぼう)
- British Regional Studies (イギリス地域文化論)

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## 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.

Priority order \_\_\_\_\_ among \_\_\_\_\_ (total number of applicants 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

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Date 20 . . . . . Signature \_\_\_\_\_  
Name \_\_\_\_year \_\_\_\_month \_\_\_\_day \_\_\_\_\_  
Title or Position \_\_\_\_\_

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

## 金沢大学短期留学候補者在籍証明書

Certificate of Enrollment of the Applicant for Kanazawa University Short-term Exchange Program

金沢大学留学生センター長 殿

To: Director of the International Student Center of Kanazawa University

下記の学生は、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 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 Course/Grade (School year) *1	<input type="checkbox"/> 学部 (Undergraduate) <input type="checkbox"/> 短大 (Junior College) <input type="checkbox"/> 修士 (Master's) <input type="checkbox"/> 博士 (Doctorate) 学年 Grade (School year) _____
卒業／修了予定年月 *2 Expected date of completion / graduation *2	年 Year 月 Month

提出年月日 年 月 日  
Date Year Month Day

氏名  
Name \_\_\_\_\_

職名  
Title \_\_\_\_\_

署名  
Signature \_\_\_\_\_

\*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/修了年月を記入してください。留学期間が2017年9月までの場合、それ以降でなければなりません。

\*2 Expected date of completion/graduation should include the period of study in Japan. It should be after 2017/10, if the period of study ends in 2017/9.

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.



# Resume (履歴書)

1 Name (氏名) \_\_\_\_\_

## 2 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)	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 completion/graduation <b>after the period of study at Kanazawa University</b> (金沢大学へ短期留学した場合の卒業/修了予定年月)			_____	_____
			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)

Name of Organization (勤務先)	Address of Organization (所在地)	Period of Employment (勤務期間)	Type of Work (職務内容)
		From To	
		From To	

※ 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 Medical Report

Kanazawa Univ. Use Only

## Section A: to be completed by the student (太枠内は本人が記入する)

ふりがな Furigana		性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
氏名 Name		出身・所属 大学(機関)等 Home Institution	
生年月日 Birthdate	年 月 日生 year month day	受験番号 Examinee Number	

## Section B: to be completed by the student's physician who is not his/her parent or other relative

診断項目 Examination Items		医師所見及び意見 Physician's Evaluation
視力 Eyesight	右 R 裸眼 Without glasses: (矯正 with glasses/contacts: )	<input type="checkbox"/> 無 Normal <input type="checkbox"/> 有 以下のとおり If there is any abnormality, please explain it below.  就学上の留意事項: Issues pertaining to school attendance: <input type="checkbox"/> 無 None <input type="checkbox"/> 有 以下のとおり If you have any recommendations for this student's health care while at Kanazawa University, please explain.
	左 L 裸眼 Without glasses: (矯正 with glasses/contacts )	
聴力 Hearing	右 R <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Descriptions: )	
	左 L <input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Abnormal (Descriptions: )	
胸部X線写真 Chest X-ray (提出時より1年以内に撮影) (X-rays taken in the past 1 year)	撮影日: 年 月 日 X-ray Date year month day  フィルム番号: Film No. 所見: Observations	
その他の疾病及び異常 Condition on the other systems	<input type="checkbox"/> 無 Normal <input type="checkbox"/> 有 以下のとおり If there is any abnormal condition, please explain.	
上記のとおり証明する。 I certify that, to the best of my knowledge, the information provided here is true, correct, and complete.		
年 月 日 year month day	医師名 Name of Physician	
	医療機関名 Name of Medical Institution	
	住所 Address	
	医師の署名または印 Signature of Physician	

### 記入上の注意事項

#### Notes on Completing the Form

- 視力検査は、裸眼または矯正のどちらかを記入してください。  
Please stipulate eyesight result as naked or corrected.
- 該当する□にレの印を付け、異常がある場合等は詳細を記入してください。  
Please tick applicable boxes. In case there is any abnormality, please explain in details.
- 胸部X線写真は、提出時より1年以内に撮影したものの結果を記入してください。  
An X-ray photo taken during the past 1 year prior to submission should be examined.
- 不明な点は、金沢大学保健管理センター (Tel +81-76-264-5255) にお問い合わせください。  
Please contact the Health Service Center with any questions (PH: +81-76-264-5255).

**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, 上記の学生が金沢大学に在学する際の経費支弁者になりました。経費支弁の引受経緯・上記学生との関係は下記の通りです。また, 別紙のとおり私の名義の銀行の預金残高証明書またはこれに相当するものを提出します。

I, \_\_\_\_\_, hereby, agree to defray the living expenses of the above mentioned student during his/her stay at Kanazawa University. Reasons for defraying his/her living expenses and relationship to him/her are given below. I also agree to provide an official certificate of balance of my bank account or the equivalent.

- ・ 経費支弁の引受経緯 (申請者の経費支弁を引き受けた経緯、及び申請者との関係について具体的に記載してください)
- ・ Reason for defraying his/her expenses (Please explain in detail the circumstances where you agree to defray the applicant's living expenses and your relationship to him/her.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 年 (Year) \_\_\_\_\_ 月 (Month) \_\_\_\_\_ 日 (Day)

経費支弁者 (Person who defrays the student's expenses)

氏名 (Name) \_\_\_\_\_

住所 (Address) \_\_\_\_\_

電話番号 (Tel.) \_\_\_\_\_

署名 Signature \_\_\_\_\_