
2013-2014 Student Exchange Program Application for Campus ASEAN Nagoya University Graduate School of Law / School of Law

名古屋大学法学部・法学研究科キャンパスアセアンプログラムによる交換留学への出願のご案内

To the Overseas Partner University applicant:

Thank you for your interest in the Campus ASEAN Exchange Program. We are providing the information on the application procedure for those who are wishing to apply to the School of Law for the Campus ASEAN Exchange Program.

Documents required for Application / 出願書類

- Application Form / 入学志願書
- Study Plan / 留学計画書
- Official Transcript of Academic Records (to be issued by the institution presently being attended)
*Graduate students should submit academic records for both undergraduate and graduate studies / 成績証明書
- Copy of Language Proficiency Certificate (i.e., TOEFL, TOEIC, IELTS) / 語学力証明書
- Evaluation of English Language Proficiency (to be written by a teaching staff in charge of English education) / 語学力評価書
- Official Certificate of Enrolment as a Student (to be issued by the institution presently being attended) / 在籍証明書
- Confidential Reference Form (to be written by a faculty member in an academic field related to the applicant's 'major')
/ 在籍大学の指導教員からの評価表・推薦状
- Health Certificate / 健康診断書
- Copy of the information page of the student's passport / パスポートコピー
*If you have not obtained your passport by the indicated deadline, please make sure to submit a copy as soon as you receive it.
- Four identical photographs (3.5cm x 4.5cm), signed on the reverse side, one of which should be attached to the Application Form / 本人の写真4枚(3.5cm x 4.5cm)

Application Deadlines / 出願締切日

9:00A.M. Monday 1st July , 2013(Japan Time) / 2013年7月1日(月曜日)午前9時(日本時間)

Completed application materials must reach the Campus ASEAN project office before 9:00A.M. Monday 1st of July 2013(JST).

Forwarding Address / 願書送付先:

Campus ASEAN project office, Nagoya University, Furo-cho, Chikusa-ku, 464-8601 JAPAN

〒464-8601 愛知県名古屋市千種区不老町

名古屋大学大学院法学研究科 キャンパスアセアン プロジェクト室

Inquiries / 問合せ先:

Contact person : MIYAJIMA, Ryoko (Assistant Professor / Campus ASEAN Program Coordinator)

E-mail: asean @law.nagoya-u.ac.jp

Fax: +81 52-833-9061 / Tel: +81 52-833-9061

Website:

<http://www.law.nagoya-u.ac.jp/> (Japanese) or <http://gsl-nagoya-u.net/> (English)

<http://www2.gsid.nagoya-u.ac.jp/blog/campusasean-en/>

**Application Form for the
Campus ASEAN Exchange Student
Nagoya University Graduate School of Law / School of Law
名古屋大学法学部・法学研究科
キャンパスアセアン交換留学 入学志願書**

写真 PHOTO

3.5cm×4.5cm

* TYPE or PRINT all information in Roman letters and Arabic numerals.

*署名以外、英字はすべてタイプ又は楷書で記入のこと。数字は算用数字を用いること。

1. Name (氏名): _____
family name/姓 _____ given name(s)/名 _____
2. Sex (性別): Male (男) / Female (女)
3. Date of birth (生年月日): _____ / _____ / _____
yr. (年) mo. (月) day (日)
4. Country of citizenship (国籍): _____
5. Religion (宗教): _____
6. Mailing address for all admission correspondence (入学等に係わる書類の送付先):

tel/fax: _____ e-mail: _____
7. Name of current university/institution (在学大学名): _____
8. 'Major' at university (現在の専攻分野): _____
9. School Year (学年): _____ Undergraduate Master's Doctorate _____ School Year
10. Taking into account academic requirements at your home institution (semester dates, summer school, etc.), specify your intended period of residence in Japan. (在日予定期間):

From _____ to _____
day/month/year day/month/year

I, the undersigned, certify that the above statements are true and accurate, and hereby apply to participate in the Exchange Program at the Nagoya University Graduate School and School of Law.

Applicant's signature/ 出願者サイン: _____ Date/年月日: _____

Personal Data Sheet/個人情報

Information provided on this form will be used solely for the purposes of immigration application, counselling and in cases of emergency. (個人情報は、入国管理手続き、学生指導及び緊急時のみに使用されます。)

1. Name (氏名): _____
family name/姓 given name(s)/名
2. Sex (性別): Male (男) / Female (女) 3. Date of birth (生年月日): _____/_____/_____
yr. (年) mo. (月) day (日)

4. Place of birth (出生地):
- (1) Country (国): _____ (2) State (州) _____
- (3) City/Town (市町村) _____ (4) Country of Citizenship (国籍) _____

5. Passport (旅券)
- (1) Number (番号): _____ (2) Date of issue (発行年月日): _____/_____/_____
yr. (年) mo. (月) day (日)
- (3) Date of expiration (発行年月日): _____/_____/_____ (4) Issuing Authority (発行期間): _____
yr. (年) mo. (月) day (日)

6. Nearest Japanese Embassy/Consulate (査証申請予定地の日本大使館/領事館): _____

7. Nearest international airport to home university (在籍大学所在地の空港) _____

8. Past entry into/stay in Japan (過去の出入国歴): Yes (有) ____ time(s)(回数) No (無)

9. Family already residing in Japan (在日家族):

Relationship 本人との関係	Name 氏名	Age 年齢	Citizenship 国籍	Plan to reside with, or not 同居予定の有無	Occupation 職業	Residence Status (Period of Stay) 在留資格(在留期間)

10. Total period of education <Primary school to last year of study completed> (修業年数 <小学校 ~ 最終学歴>)
_____ Yrs.(年)

11. Marital status: Single (未婚)/Married (既婚)/Other (他) _____

12. Person to be notified in home country in case of an emergency (緊急時における出身国連絡先):

Name (氏名): _____ Relationship (本人との関係): _____

Address (住所): _____

Language Proficiency / 語学力

1. Write down the language(s) you speak or write, and rate your language ability using a scale from 1 to 5 (5 = native, 4 = fluent, 3 = competent, 2 = adequate, 1 = poor).

読むことができる, 話すことができる言語名を書いて5段階評価

(5=母国語, 4=極めて流暢, 3=流暢, 2=ある程度流暢, 1=乏しい)で語学力を評価してください。

- | | | |
|-----------------------------------|------------------------|----------------------|
| (1) English:
英語 | written _____,
書く能力 | spoken _____
話す能力 |
| (2) Japanese:
日本語 | written _____,
書く能力 | spoken _____
話す能力 |
| (3) _____:
other language 他の言語 | written _____,
書く能力 | spoken _____
話す能力 |
| (4) _____:
other language 他の言語 | written _____,
書く能力 | spoken _____
話す能力 |

2. If you have taken any foreign/second language examination (e.g., TOEFL, TOEIC, IELTS, Japanese Language Proficiency Examination), please state the name(s) of the examination(s), the score(s) that you obtained, and the date(s) you took the examination(s).

外国語能力試験(例: TOEFL, TOEIC, IELTS, 日本語能力試験)を受けた方は, その試験名, 結果, 受験した日を記入してください。

- | | | | |
|---------------------------|-------------|-----------------------|-------------------|
| Examination: _____
試験名 | _____
点数 | Score: _____
受験した日 | Date taken: _____ |
| Examination: _____
試験名 | _____
点数 | Score: _____
受験した日 | Date taken: _____ |
| Examination: _____
試験名 | _____
点数 | Score: _____
受験した日 | Date taken: _____ |

在籍証明書

Enrollment Certificate

(Can be alternated to officially issued enrolment certificate by each University)

申請者氏名 Name of applicant	
在籍大学名 Name of institution	
在籍学部/研究科 Faculty / School	
学年 ^{*1} School year ^{*1}	<input type="checkbox"/> 学部 (Undergraduate) 学年 <input type="checkbox"/> 修士 (Master's) School year <input type="checkbox"/> 博士 (Doctorate)
卒業 / 修了 予定 年月 Expected date of completion / graduation	年 Year 月 Month
取得予定学位 Degree to be awarded	<input type="checkbox"/> 学部 (Bachelor's degree) 専攻 Major <input type="checkbox"/> 修士 (Master's degree) <input type="checkbox"/> 博士 (Doctorate degree)
留学先大学名 Host institution in Japan	

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

注: 申請書の在籍大学の責任者が記入して下さい。
Note: This form should be filled in by the authorized person of the applicant's home institution.

健康診断書

CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。
Please fill out (PRINT/TYPE) in Japanese or English.

氏名 Name: _____ 男 Male 生年月日 Date of Birth: _____ 年齢 Age: _____
Family name, First name Middle name 女 Female

1. 身体検査
Physical Examination

- (1) 身長 Height _____ cm 体重 Weight _____ kg
- (2) 血圧 Blood pressure _____ mm/Hg~ _____ mm/Hg 血液型 Blood type

ABO	RH+, -
-----	--------

 脈拍 Pulse 整 regular 不整 irregular
- (3) 視力 Eyesight: (R) _____ (L) _____ (R) _____ (L) _____ 色覚異常の有無 Color blindness 正常 normal 異常 impaired
裸眼 Without glasses 矯正 With glasses or contact lenses
- (4) 聴力 Hearing: 正常 normal 低下 impaired 言語 Speech: 正常 normal 異常 impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること(6ヶ月以上前の検査は無効。)
Please describe the results of physical and X-ray examinations of the applicant's chest x-rays (X-rays taken more than 6 months prior to this certification are NOT valid).



肺 Lungs: 正常 normal 異常 impaired

心臓 Cardiomegaly: 正常 normal 異常 impaired

↓
異常がある場合

Date _____

Film No. _____

心電図 Electrocardiograph: 正常 normal 異常 impaired

Describe the condition of applicant's lungs: _____

3. 現在治療中の病気 Under medical treatment at present Yes (Conditions/particulars: _____) No

4. 既往症 Past history : Please indicate with + or - and fill in the date of recovery

Tuberculosis.....□(. . .) Malaria.....□(. . .) Other communicable disease.....□(. . .)
Epilepsy.....□(. . .) Kidney disease.....□(. . .) Heart disease.....□(. . .)
Diabetes.....□(. . .) Drug allergy.....□(. . .) Psychosis.....□(. . .)
Functional disorder in extremities.....□(. . .)

5. 検査 Laboratory tests
検尿 Urinalysis: glucose (), protein (), occult blood ()

赤沈 ESR: _____ mm/Hr, WBC count: _____/cmm 貧血 anemia

Hemoglobin: _____ gm/dl, GPT: _____

6. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか？
Yes又はNoにチェックをしてください。
In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan?

Yes No

7. 特記すべき事項 Particulars or additional comments:

日付 Date: _____

署名 Signature: _____

医師氏名 Physician's Name (Print): _____
検査施設名 Office/Institution: _____
所在地 Address: _____

■ Confidential Reference Form/ 評価表・推薦状

To be signed by the applicant:

I hereby waive my right to read this reference form, which will be entered into at Nagoya University, If at any time I wish to withdraw this waiver, I may do so and authorise the university to return this reference to the author at that time.

私は、名古屋大学に提出されるこの評価表・推薦状を読む権利を次に署名することにより、放棄します。また、権利放棄を変更する場合は、名古屋大学がこれを評価・推薦者へ返却することに異議はありません。

Applicant's signature (署名) _____ Date (日付) _____

To be completed by the referee:

Name of applicant(出願者氏名) _____

1. How long have you known the applicant? In what capacity? (出願者をどういう関係でどれ位の期間知っていますか。)
2. Please rate the applicant in comparison with students at the same level in the following areas using a 4 – 1 scale.
(次の各項目について、同学年の学生と比較した出願者の評価を 4,3,2,及び 1 で書いてください。)

4 = outstanding (優) 3 = good (良) 2 = average (平均) 1 = below average (平均以下)

Academic ability (学力)____ Motivation & diligence (熱意・勤勉さ)____ Maturity (精神的成熟度) _____

3. Please give your candid opinion regarding the applicant's academic performance, character and adaptability.
(出願者の学力、人物、適応性等について、忌憚のない意見を書いてください。)

Signature (署名) _____ Date(日付) _____

Name<Please Print>(氏名) : _____

Title or position (役職名) : _____

Address (住所) : _____

Tel/ _____ fax/ _____ e-mail/ _____

After completing this form, put it in an envelope, seal and sign your name over the seal.
(この用紙に記入し、封筒に入れ封印、その上に署名をしてください。)

Study Plan for Overseas Study

Name _____

Major _____

School Year _____

1. Purpose, Plan and Expected Results of Overseas Study

2. Recommendation by Academic Advisor

Academic Advisor

Signature _____

Evaluation of English Language Proficiency 語学力評価書(英語)

※A teaching staff in charge of English education or the equivalent must complete this form.

(英語教師あるいは準ずる者が記入すること)

Applicant's Name _____

(姓名)

1. Evaluation of applicant's ability in English ※Please check the appropriate space below (英語能力診断 ※該当欄をチェックすること)

	Excellent (優)	Good (良)	Fair (可)	Poor (不十分)	No ability (不可)
Speaking (話す能力)					
Listening (聞く能力)					
Writing (書く能力)					
Reading (読む能力)					

2. Method used to test the applicant's ability (能力評価法)

3. Has the applicant ever taken the TOEFL test (Test of English as a Foreign Language), IELTS(International English Language Testing System), or TOEIC (Test of English for International Communication)?

(過去にTOEFL、IELTS、TOEICを受験したことがあるか。)

i) Yes (Please attach an official score report of the test, if available)

Official name of the test: _____

Score: _____, Date: _____ day _____ month _____ year

(点数) (日付) (日) (月) (年)

ii) No

4. Remarks (コメント)

Date _____ Name / Signature _____

(評価者/署名)

Affiliation/Title _____

(所属/身分)

Address _____

(住所)