
2014-2015 Student Exchange Program Application for Campus ASEAN Nagoya University Graduate School of Law / School of Law

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

- Application Form
- Study Plan
- 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
- Copy of Language Proficiency Certificate (i.e., TOEFL, TOEIC, IELTS)
- Evaluation of English Language Proficiency (to be written by a teaching staff in charge of English education)
- Official Certificate of Enrolment as a Student (to be issued by the institution presently being attended)
- Confidential Reference Form (to be written by a faculty member in an academic field related to the applicant's 'major')
- Health Certificate
- Copy of the information page of the student's passport
*If you have not obtained your passport by the indicated deadline, please make sure to submit a copy as soon as you receive it.
- An identical photograph (3.5cm x 4.5cm), signed on the reverse side, and it should be attached to the Application Form

Application Deadlines

9:00A.M. Monday 23rd June , 2014(Japan Time)

Completed application materials must reach the Campus ASEAN secretariat before 9:00A.M. Monday 23rd of June 2014(JST).

How to apply

Submit all documents by email to the person in charge.

Inquiries

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

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

Tel: +81 52-789-4263

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/>

Personal Data Sheet

Information provided on this form will be used solely for the purposes of immigration application, counselling and in cases of emergency.

1. Name : _____
family name given name(s)

2. Sex : Male / Female 3. Date of birth : _____ / _____ / _____ /
year month day

4. Place of birth :
(1) Country: _____ (2) State: _____
(3) City/Town _____ (4) Country of Citizenship _____

5. Passport
(1) Number : _____ (2) Date of issue: _____ / _____ / _____
year month day
(3) Date of expiration: _____ / _____ / _____ (4) Issuing Authority: _____
year month day

6. Nearest Japanese Embassy/Consulate: _____

7. Nearest international airport to home university _____

8. Past entry into/stay in Japan : Yes _____ time(s) No

9. Family already residing in Japan:

Relationship	Name	Age	Citizenship	Plan to reside with, or not	Occupation	Residence Status (Period of Stay)

10. Total period of education<Primary school to last year of study completed> _____ Years

11. Marital status: Single /Married /Other _____

12. Person to be notified in home country in case of an emergency:

Name: _____ Relationship: _____

Address : _____

Tel: _____ E-mail: _____

Language Proficiency

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).

(1) English: written _____, spoken _____

(2) Japanese: written _____, spoken _____

(3) _____: written _____, spoken _____
 other language

(4) _____: written _____, spoken _____
 other language

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).

Examination: _____ Score: _____ Date taken: _____

Examination: _____ Score: _____ Date taken: _____

Examination: _____ Score: _____ 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) <input type="checkbox"/> 修士 (Master's degree) 専攻 Major <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+, -
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 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

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.

Applicant's signature _____ Date _____

To be completed by the referee:

Name of applicant _____

1. How long have you known the applicant? In what capacity?
2. Please rate the applicant in comparison with students at the same level in the following areas using a 4 – 1 scale.
4 = outstanding 3 = good 2 = average 1 = below average
Academic ability _____ Motivation & diligence _____ Maturity _____
3. Please give your candid opinion regarding the applicant's academic performance, character and adaptability.

Signature _____ Date _____

Name<Please Print> : _____

Title or position : _____

Address : _____

Tel/ _____ Fax/ _____ E-mail/ _____

After completing this form, put it in an envelope, seal and sign your name over the seal.

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

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

Applicant's Name _____

1. Evaluation of applicant's ability in English ※Please check the appropriate space below

	Excellent	Good	Fair	Poor	No ability
Speaking					
Listening					
Writing					
Reading					

2. Method used to test the applicant's ability

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)?

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

Official name of the test: _____

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

ii) No

4. Remarks

Date _____ Name / Signature _____

Affiliation/Title _____

Address _____