Aichi Shukutoku University Four-week Summer Program 2018

Application Information

Eligibility

Applicants must:

- be those who are currently enrolled as a full time undergraduate or graduate student in their home countries.
- meet the language requirement as follows:

Applicants for Survival Japanese are preferably required to speak simple daily English if they are not native speakers of English.

Applicants for Elementary and Intermediate Japanese must have learning experience of approximately 50 hours.

Number of Participants

20

(When exceeding capacity, participants will be selected based on the submitted documents.)

Application Documents

- 1. Application Form (including your background in Japanese study)
- 2. Two essays: Self-introductory essay and what you wish to gain from this program
- A certificate of enrollment issued by your home university (original)
 *Documents written in a language other than Japanese and English must have a certified Japanese or English translation attached to the original.
- 4. Copy of passport (page with name, signature and photograph) *If applicable
- Two photographs (4cm×3cm or 1.6in×1.2in)
 *Upper body photograph with no hat taken within the last 3 months

Important Notes for Applicant

- Submitted documents will not be returned under any circumstances.
- Application documents containing false information will be considered invalid.
- Please use appropriate forms supplied for the documents marked with an asterisk (\bigstar) .
- Please write all documents in Japanese or English. Documents written in a language other than Japanese and English must have a certified Japanese or English translation attached to each document. Application documents must be completed by the applicant himself / herself. Applications filled out by someone other than the applicant will be automatically rejected.

- ☆(1) Application Form
 - > All correspondence from our university will be sent to the applicant's present address, so make sure to write the full address clearly.
 - Please give accurate and truthful information of your background in Japanese language study.
- ☆(2) Essays
 - > The applicant himself/herself must fill in this form.
 - > Please write in detail and fill all the space allotted.
 - (3) A certificate of enrollment issued by your home university (original)
 - > It must be original. We do not accept photocopy or web pages.
 - > It should have been issued within the past 6 months.
 - (4) Copy of passport (If applicable)
 - If you already have a passport, submit a copy of your passport's picture page that shows your face, name, and signature. Please make sure that your passport is valid.
 - If you have visited Japan in the past, include a copy that shows the status of stay and the dates of entry and departure as well.
 - (5) Two ID photographs (4cm×3cm or 1.6in×1.2in)
 - In addition to the photo that you attach to the Application Form, you must provide two ID photographs. All photographs must be identical, taken within 3 months, full-faced, and taken on the same day.

Application Deadline

Monday, March 5th, 2018

• Please submit your application using registered mail or courier service (i.e. a service that provides receipt of delivery).

We do not accept documents brought to the office in person.

• All application documents must be received by the above date without exception.

Selection Criteria and Notification of Acceptance

When exceeding capacity, participants will be selected based on the submitted documents. We do not answer inquiries regarding selection results. Successful applicants will be notified in writing at the middle of April. The details of enrollment procedure will be included in the notification.

Please note that the program will be cancelled when the number of applicants falls short of the full number required.

Program Fee

182,600 JPY per person(=1,605 USD as of May 12,2017)
[Program Fee :177,000 JPY, Handling charge : 5,600 JPY]
Students from Partner Universities:
131,000 JPY per person(=1,152 USD as of May 12,2017)
[Program Fee :127,000 JPY, Handling charge : 4,000 JPY]
Details of payment method and the deadline will be given along with notification of acceptance.

Visa

Applicants are responsible for obtaining their visas on their own. Please note that we do NOT provide any assistance in obtaining a visa. Please check the website of Japan's Ministry of Foreign Affairs and confirm visa requirements to enter Japan before application. (Visa is not required for individuals living in countries with Visa Exemption Agreements with Japan.)

The Ministry of Foreign Affairs website: http://www.mofa.go.jp/j_info/visit/visa/index.html

Contact E-mail: jpn2016@asu.aasa.ac.jp

Mailing Address

Center for International Programs AICHI SHUKUTOKU UNIVERSITY 9, 2-chome, Katahira, Nagakute, Aichi 480-1197, JAPAN TEL: +81-(0)561-63-7737 FAX: +81-(0)561-63-7735

	Application	Form for Ad	mission for I	Four - week	Summer	Program 2018
	SAMPL	.E	Aichi Shukuto	oku Universi	ty	
*	Please print clearly	y. All information s	hould be given in e	ither Japanese or		pplicant him/herself.
1	Name: I	Smith Last(family)	Margaret First (Given)	photograph Middle	here.	Attach Photo (taken within
	Kana:	スミス	マーガレット	~		3 months)
	Chinese Character (If applicable)	ers:		se write your e in <i>Katakana</i> .)	4cm×3cm
2.	Nationality :	USA	3. Plac	e of Birth :	Alabama, U	SA
4.	Date of Birth :	1996/12/12 Year / Month /	U	:21	6. Sex :	□ Male ☑ Female
7.	Marital Status :	☐ Single ☐ Married	Name of S _I	pouse :		
8.	Native Language	e: Eng	lish			o write your address
9.	Present Address	: 123	Honor Street, Ma	adison, Alabama	complete	у.
		dmission documen sure to provide the	•		Zip Code:	AL56789
	Phone Number :	+1-234-567-8	3900	Fax Nu:	mber :	+1-234-567-8900
	E-mail Address	star	@yahoo.com 🖌			address correctly. get it as soon as
10.	Permanent Home		123 Honor S	treet, Madison,		
	* Write the perm	anent home addres	s if it differs from	the present add	iress above.	
	Phone Number :	+1-234-567-8	3900		Zip Code:	AL56789
11.	Emergency Conta	act :				
	Name:	Linda Smith		Relationship	p: Mother	
	Address :	☐ Same as above	1			
	-	Greenville AB	C Dr. 555, Ohio			
	Phone Number :	+1-987-654-3	3210		Zip Code:	OH12345
	E-Mail Address	: tree	@yahoo.com			

12.	Passport : D Not yet	ssued	Passport Number	: AB123456789		
		017/12/1 / Month / Day	Issuing Authority	: Passport Agency		
	Date of Expiration :	2027/12/1 Year / Month / Day	Place of Issue :	Alabama		
	Past entry into/stay in Japan	Yes a	copy of your photo pa			
	Period of Residence copy of your passport pages that show the status of stay and date of entry and departure.					
	Year / Month / Day Year / Month / Day					
	~	•				
	Year / Month / Day	Year / Month	/ Day			
14.	Education : List below in attended, inc	chronological order al uding the university y	l schools (beginning w ou may attend Please	ith high school) you have e fill in correctly and completely.		
	Name of Schools	Location	Enrolled Dates (Yr			
	Madison High School	Alabama, USA	2012/9 ~ 201	5⁄6 3		
	Alabama University	Alabama, USA	2015∕9 ~ up t	to now 3		
			/ ~	/		
			/~	/		
			~ ~	/		
		Total num	ber of years of formal e	education 6		
	Major at University	International econor	mics			
15. Background in Japanese Language Study Please write the total numb						
	Japanese Language Study Experience : Yes					
			Plea	ase fill in correctly and completely.		
In case of 'Yes', give the details Name of Institution Location			Location			
	Madison High	School	Madison, USA			
	Periods of Stud	•	Class Hours / Week	Textbooks Used		
	2015∕1 ~ 2015∕6		6H Minna no Nihongo(1)			
	Name of Institution		Location			
	Alabama University		Madison, USA			
	Periods of Study (Yr./Mon)		Class Hours / Week	Textbooks Used		
	2017∕9 ~ u	o to now	7.5H	Minna no Nihongo(2)		

16.	About Visa : Do you need to obtain a visa to participate in this program ?					
	\Box Yes ${\bf {\ }}$ No					
	* Our university wouldn't help with visa acquisition. You must check the homepage of the Ministry of Foreign Affairs of Japan to see if you need to obtain a visa.					
17.	Medical Condition Please fill in correctly and completely.					
	Do you have any medical condition/disability that we need to know about to provide for your well being ?					
	No					
Do you have any allergies ?						
	Yes / No Please give details : cat , egg					
	Medication taken ?					
	Yes / (No) Please give details :					
18.	ASU Buddy Program					
	To help you start your life in Japan and ASU smoothly, the Buddy program will provide new international students with "Buddies". Buddies are ASU student volunteers who will assist you to settle down and make your Japanese life easier during your study period at ASU. If you wish to participate in the ASU buddy program, please check the box below.					
	$\mathbf{\nabla}$ I wish to participate in the ASU buddy program.					
	\Box I DO NOT wish to participate in the ASU buddy program.					
	I declare that the information furnished on this form is true and correct. I also understand that the documents I submit with my application will not be returned under any circumstances.					
	Signature : Date: 2018 / 2 / 10					
L	here and fill in the Year / Month / Day date.					

		Essay ory essay and what you wish t	to gain from this program in
	en in a language othe		nust have a certified Japanese over your statement thoroughly.
◆Self introductor	y essay		
	Please write the space al	e in details and fill all lotted.	
◆What your wish	to gain from this pro	ogram	
	Please write the space al	e in details and fill all loted.	
	Make the d	e sure to sign here and fill in ate.	
Signature :	Magne	Date :	2018/ 2 / 10
			Year / Month / Day