**Student Exchange Application Form**

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| 1. Course of Study Details | |
| Prospective semester of admission (spring/fall): | Spring  Fall |
| Prospective period of study: | 1 semester  2 semesters |
| Do you plan to register for courses at SMIS? | Yes  No |
| \*SMIS: Located in Tama City, Tokyo (over 60 mins. by train). JLPT N2 or higher required. | |

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| 2. Personal Details & Contact Information | |
| Legal name: (As on passport) | Surname:  Given name:  Middle name(s): |
| Nickname (Optional): |  |
| Home institution (Your school): |  |
| Year in school: | Year 1  Year 2  Year 3  Year 4 |
| Academic major/area of study: |  |
| Sex: | Female  Male |
| Date of birth (day/month/year): | (DD):    / (MM):    / (YYYY): |
| Current mailing address: (Full mailing address with postal code) | Line 1:  Line 2:  City:       State/Region:  Country:       Postal code: |
| Permanent home address:  (If different from above) | Line 1:  Line 2:  City:       State/Region:  Country:       Postal code: |
| Country of passport issuance: |  |
| Country of residence: |  |
| Telephone:  (with country code) |  |
| Email:  (Please indicate an email address you will continue to use in Japan.) |  |

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| 3. Student housing |
| I would like Tama University International Affairs to help me arrange housing.  I do not require assistance. I will arrange my own accommodation. |
| Note: Rent rates are not finalized until a contract is signed. Monthly housing cost is estimated at approximately 50,000 JPY (NOT including utility service [water, gas, electricity, etc.] cost) if you choose to have International Affairs arrange housing. Homestay is available for short-term homestay experiences (i.e., home visits, weekend stays), not a long-term housing option. |

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| 4. Health & Disabilities |
| Do you have any physical, medical, or mental health issues (including addiction) that may affect your ability to fully participate in student exchange? Please include allergies, especially food allergies, and any other information that may assist the Student Health Division while you study with us. |
| Yes  No |
| If you indicated YES above, please provide brief details. If you have a condition for which you are currently undergoing medical treatment, counseling, or other consultation services, you must disclose the details and receive either a physician’s report or other brief explanatory note from the professional you are seeing. Contact us for details if you are uncertain what sort of document should be submitted. |

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| 5. Pick-up at Designated Meeting Point |
| Would you like a representative to meet you at a designated meeting point upon your arrival in Japan? We will contact you with details.  Yes, I would like someone to meet me.  No, I DO NOT need someone to meet me. |

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| 6. Questions & Concerns |
| Please list any questions or concerns you may have about studying at SGS or life in Japan as an exchange student: |