Tama University Exchange Program

Information Sheet【2024 Fall Semester】

|  |  |
| --- | --- |
| Name of Institute | Tama University  School of Global Studies |
| Campus | Shonan Campus |
| Office Name | International Affairs |
| Contact person | Wenchi Cheng (zheng@tama.ac.jp) |
| Jun Suzuki (suzuki-j@tama.ac.jp) |
| Address | 802 Engyo, Fujisawa, Kanagawa 252-0805 |
| Station | Odakyu/ Sotetsu/ Yokohama Municipal Subway:  Shonandai station |
| Tel / Fax | [Tel: +81-466-21-7731](Tel:+81-466-21-7731)  Fax: +81-466-82-5070 |
| Website | http://www.tama.ac.jp/english/ |
| Airport | Narita/ Haneda |
| From Airport to Campus  \*the nearest station is Shonandai.  \*Our campus is 15 minute walk from the station. | Airport : 【Narita】or【Haneda】  [YCAT (WAIKYATTO) Yokohama city air terminal - Yokohama City Air terminal - (j-server.com)](https://www.ycat.co.jp/)  \*Pick up service is available at YCAT in Yokohama.  You can use the Airport Limousine Bus which is directly connected to  YCAT (in Yokohama) .  **Narita / Haneda 　⇌ YCAT** (by Airport Limousine Bus)  **YCAT 　⇌ Shonandai** 　 (by Sotetsu Line) |
| Level of Study | Undergraduate |
| Lectures taught in English | **【2024 Fall Semester】**   |  |  |  | | --- | --- | --- | | Subject | Professor | Credit | | International Accounting | Honobe, Erik | 4 | | Chinese Literature | Honobe, Erik | 4 | | Global Issues: Wealth and Poverty　Ⅱ | English, Brian J. | 2 | | Business Communication in English Ⅱ | English, Brian J. | 2 | | Introduction to Globalization Studies | Kulnazarova, Aigle | 2 | | International Law and Organizations | Kulnazarova, Aigle | ４ | | Japanese Culture and Society | Ota, Satoshi | 2 | | Japanese Society through Its Popular Culture | Ota, Satoshi | 4 | | Global Society and South Asia | Ota, Satoshi | 4 | | Introduction to Psychology | Joyce, Terence | 2 | | Cultural Psychology | Joyce, Terence | 4 | | Psycholinguistics | Joyce, Terence | 4 | | Global Society and Oceania | McPhail, Conrad | 4 | | Communicative English for Global Citizenship Ⅰ | Kenney, Jethro | 2 | | Introduction to Visual Communication | Vanderveere, Anoma | 4 | |
| Required Courses for Exchange Students (if any) | There is no mandatory course but we suggest the students to take a Japanese Language Course. |
| Semester Dates | Sep. 13, 2024 ～ Jan. 23, 2025 |
| Number of weeks /Semester | 15 weeks |
| Orientation Date | Sep. 13 |
| Recommended Arrival Date  (Housing Check in) | Sep. 11 & Sep. 12  \*For housing check-in: check-in date is firmly fixed. (only available during daytime of the weekdays) |
| Final Exam Week | Jan. 21 ～ 23, 2025 |
| Transcript Issue Date | end- Feb., 2025 |
| Application Deadline | May 15, 202 |
| Application Forms | \*Please fill in the attached documents and email them to [international@gr.tama.ac.jp](mailto:international@gr.tama.ac.jp) (International Affairs)   1. Student Exchange Applicant Nomination Form - **[Form 01](#_2024年済州研修説明会の開催について)** 2. Student Exchange Application Form - **[Form 02](#_Student_Exchange_Application)** 3. Certificate of Eligibility Inquiry Form - **[Form 03](#_Certificate_of_Eligibility)** 4. Japanese Language Proficiency Questionnaire - [**Form 04**](#_Japanese_Language_Proficiency) 5. Immunization and Infectious Disease History - **[Form 05](#_Immunization_and_Infection)** 6. Inbound International Student Health Survey – **[Form 06](#_Inbound_International_Student)** 7. Latest student transcripts (PDF)  *☛GPA min 2.3 out of 4.0* 8. Japanese Language Proficiency Test (PDF) *☛N2 and above* 9. English Language Proficiency Test score (PDF)   *☛TOEIC min 650 or equivalent*  👆　Requires either 8 or 9   1. Scanned copy of current passport photo ID page (Color, PDF) 2. **Digital passport-style photo in high-res JPEG**  * For Certificate of Eligibility and student ID card * Please refer to the following site about the specifications for photos.  * <https://www.isa.go.jp/en/applications/guide/photo_info.html>  1. Study Abroad Plan (1 page [A4 or 8.5” by 11”] in length, including all contents mentioned below, submitted in WORD):    1. Autobiographical information (name, year in school, academic major, etc.);    2. explanation of why the nominee seeks to study abroad at Tama University School of Global Studies in Japan, and;    3. A proposal of what the nominee intends to study and experience in Japan. |
| Housing Information  ＊All prices are subject to change | **Kyoritsu maintenance: Dormy** Located near Yokohama  -Fee: around \65,000 (including utility fee)/month  -Initial Cost:  -Deposit: \50,000  -Entrance Fee: \50,000（half year）  -Building Maintenance Fee: \3,000  -Room Cleaning Fee: \39,600  -Single Occupancy  -Western style room  【Room Facilities】  bathroom, desk, chair, bookshelf, desk light, closet,  air conditioner, curtain, lights, bed with mattress (no blankets and pillows)  -TV, refrigerator, blanket set are available for lease.   |  |  | | --- | --- | | **〔Rental Fee for items〕** | (for 5 months) | | TV | \14,300 | | Refrigerator | \13,200 | | Bedding (7 pieces) | \16,940 |   【Shared Facilities】  laundry room, kitchen, IH cooking range, microwave, toaster, oven, iron, vacuum cleaner, lounge  Free Wi-Fi (only available in lobby)  (if the Wi-Fi capacity is insufficient, please rent a pocket Wi-Fi router etc.)  -No meal plan (students have to prepare their own meals. |
| National Health Insurance | All those with “College Student” status of residence (more than 3 months) must enroll into the National Health Insurance system. Please make an application for the insurance system when you register yourself at your local City/Ward office within 14 days of moving in your new residence. The insurance cost is approximately \1,500 per month. |

# **Student Exchange Applicant Nomination Form (Form1)**

*Dear Partners:*

*We look forward to hosting your student(s) in the coming months! Before proceeding with the admissions procedures, check the nominees’ eligibility by reading the following ‘Eligibility Requirements’. If there are more than 2 nominees, please add them to another sheet and submit them to*[*international@gr.tama.ac.jp*](mailto:international@gr.tama.ac.jp)*by e-mail.　Thank you.*

|  |  |  |
| --- | --- | --- |
| **Semester** | **Deadline for Nomination** | **Deadline for Application** |
| Fall 2023 (October 1 Admission) | 1 May 2024 | 15 May 2024 |
| Spring 2024 (April 1 Admission) | 1 October 2024 | 15 October 2024 |

**Eligibility Requirements　※1 is mandatory, and either 2 or 3 is required.**

1. **GPA** min 2.3 out of 4.0

2. **Japanese Language Proficiency Test** *N2 and above*

3. **English Language Proficiency Test score** *TOEIC min 650 or equivalent*

**Student Exchange Nomination Form**

|  |  |
| --- | --- |
| Partner institution |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Student name |  | Date of birth | (DD)　　　　/(MM) /(YYYY) |
| Academic major |  | Sex | □　Male □　Female |
| 2 | Student name |  | Date of birth | (DD)　　　　/(MM) /(YYYY) |
| Academic major |  | Sex | □　Male □　Female |

## **Student Exchange Application Form (Form2)**

|  |  |
| --- | --- |
| 1. Course of Study Details | |
| Prospective semester of admission (spring/fall): | Spring  Fall |
| Prospective period of study | １semester  2 semesters |

|  |  |
| --- | --- |
| 1. Personal Details & Contact Information | |
| Legal name: | Surname: |
| (As on passport) | Given name |
|  | Middle name(s): |
| Year in school | Year 1 　 Year 2　 　 Year 3　  Year 4 |
| Date of birth (day/month/year) | (DD): /(MM): /(YYYY): |
| Current mailing address: |  |
| Permanent home address:  (If different from above) |  |
| Country of passport issuance: |  |
| Telephone (with country code): |  |
| Email (Please indicate an email address you will continue to use in Japan): |  |

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| 1. 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 50,000JPY if you choose to have International Affairs arrange housing. |

|  |
| --- |
| 1. 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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| 1. 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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| 1. Questions & Concerns |
| Please list any questions or concerns you may have about studying at Tama University, School of Global Studies (SGS) or life in Japan as an exchange student: |

End of document

### **Certificate of Eligibility Inquiry Form (Form3)**

Dear student:

The following information is required for application for your Certificate of Eligibility (COE) through the Japanese Department of Justice Immigration Control. This Certificate is necessary for you to apply for a Japanese study visa at your local embassy or consulate. Please answer all questions completely and truthfully, and return this form by email together with all other materials. Thank you.

|  |  |
| --- | --- |
| **Question** | **Your Answer** |
| 1. Nationality |  |
| 1. Date of birth (Day/Month/Year) | (DD): / (MM): / (YYYY): |
| 1. Surname　(Family name) |  |
| Given name (First & middle name(s)) |  |
| 1. Sex | Male 　　  Female |
| 1. Place of birth   (Municipality [city, town] & country) |  |
| 1. Marital status | Married　　　　Single |
| 1. Occupation |  |
| 1. Hometown or home city |  |
| 1. Date of entry into Japan DD-MM-YYYY   (Enter if known. If undecided, leave blank.) | (DD): / (MM): / (YYYY): |
| 1. Port of entry:   (Enter if known. If undecided, leave blank.) | Haneda Airport 　Narita Airport |
| 1. Intended length of study: | Half-year 　One year |
| 1. Accompanying persons | Yes 　No |
| 1. Place of visa application –   (Location of closest Japanese embassy or consulate) |  |
| 1. Have you been to Japan before? |  |
| If YES, how many times? | Once 　Twice 　Three times  　More than three times: times |
| If YES, enter last dates entered & departed (DD/MM/YYYY) | Enter: (DD): / (MM): / (YYYY):  Depart: (DD): / (MM): / (YYYY): |
| 1. Do you have a criminal record in Japan or overseas? | Yes　　　　　　　No  If yes, explain: |
| 1. Have you ever been deported from or ordered to leave Japan? | Yes　　　　　　　No  If YES: (DD):　/ (MM):　 / (YYYY): |
| 1. Family in Japan or co-residence   (Please attach an extra page if you need more room) | Yes　　　　　　　No  If yes, please indicate the following:   1. Relationship: 2. Name: 3. Date of birth:(DD):　 / (MM): 　/ (YYYY): 4. Nationality: 5. Residing with applicant: 6. School/workplace: 7. Residence card number: |
| 1. Last school or educational institution OR present school: | Name of the school: |
| 1. Date of graduation or expected graduation. | Year　　　　Month |
| 1. Total years of formal education: | (from elementary school to last institution of education)　　　　　　　　years |
| 1. Means of financial support & monthly amount (Japanese yen [JPY] per month)   NOTE: If you are applying for a scholarship and have **not yet** received the funds, you **must** choose “myself, overseas remittance, carrying from abroad, or benefactor in Japan” and enter the relevant information below. | Myself (　　　　　　　) (JPY)  →　Deposit Balance　(　　　　　　　) (JPY)  　Overseas remittance (　　　　　　) (JPY)  　Carrying from abroad (　　　　　　) (JPY)  Who? 　 ／  （Name ／ Relation to you）  When?  　Benefactor in Japan ( 　 ) (JPY)  　Scholarship ( 　 ) (JPY) |
| If you checked “Remittance from abroad,” “carrying from abroad,” or “Benefactor in Japan,” please indicate the information below: | |
| Name: |  |
| Home address: |  |
| Home telephone: |  |
| Occupation (type of employment) |  |
| Workplace telephone: |  |
| Annual income: |  |
| Relationship to you: |  |
| If you checked “Scholarship” **and have already received the funds**, please indicate the information below: | |
| Organization providing the scholarship: |  |

End of document

#### Japanese Language Proficiency Questionnaire (Form4)

Home Institution: 　　　　　　　　　　　　　　Applicant Name:

I: Have you learned hiragana and katakana?

|  |  |  |  |
| --- | --- | --- | --- |
| Hiragana: | Reading | Yes | No |
|  | Writing | Yes | No |
| Katakana: | Reading | Yes | No |
|  | Writing | Yes | No |

II: Have you ever studied kanji (Chinese characters)?　 　Yes 　No

⇒If yes, how many do you know? Choose the number of kanji.

　0-100 kanji 　100-500 kanji 　500-1000 kanji  1000 or more kanji

III: How many hours have you studied Japanese? Choose the number of hours.

　0-200 hours 　200-500 hours 　500-1000 hours  over 1000 hours

IV:　　If you have studied Japanese, where and how long did you study?

(e.g., L*anguage school in Japan for 6 months*). Be as detailed as possible.

Please provide details of your Japanese language study history here.

|  |
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|  |

V: Have you ever taken JLPT (The Japan Language Proficiency Test)?

　Yes  　No

If yes, please choose the *highest* level you have passed:

N1  N2  N3  N4  N5  No certificate

VII. Do you require an English-language student orientation?

　YES, I need an English-language orientation AND all essential printed materials in English.

　YES, I need an English-language orientation but can read Japanese-language printed materials.

　No, I do not need an English-language orientation BUT would like English-language materials.

　No, I do not need an English-language orientation or English-language printed

materials.

End of document

##### **Immunization and Infection Disease History (Form5)**

1. This is a survey regarding the immunization of students against infectious diseases.
2. Please complete the following as precisely as possible, referring to your health records or consulting your parental guardians as necessary. Full in year vaccinated in four-digit format. (e.g. 1995)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vaccine | Number of doses | First Dose | Second Dose | Third Dose | Fourth Dose |
| DPT (Diphtheria, Pertussis, Tetanus) |  | M Y | M Y | M Y | M Y |
| DT (Diphtheria Tetanus) |  | M Y | M Y | M Y | M Y |
| BCG |  | M Y | M Y | M Y | M Y |
| Polio |  | M Y | M Y | M Y | M Y |
| MR (Measles-Rubella) |  | M Y | M Y | M Y | M Y |
| MMR (Measles, Mumps, Rubella) |  | M Y | M Y | M Y | M Y |
| Measles (If vaccinated separately) |  |  |  |  |  |
| Japanese Encephalitis |  | M Y | M Y | M Y | M Y |
| Varicella |  | M Y | M Y | M Y | M Y |
| Mumps (If vaccinated separately) |  | M Y | M Y | M Y | M Y |
| Hepatitis B |  | M Y | M Y | M Y | M Y |
| Hepatitis A |  | M Y | M Y | M Y | M Y |

|  |  |  |
| --- | --- | --- |
|  | Condition | At what age? |
| Measles | No 　　　　　Yes 　 I don’t know |  |
| Rubella | No 　　　　　Yes 　 I don’t know |  |
| Epidemic parotitis | No 　　　　　Yes 　 I don’t know |  |
| Varicella (Chickenpox) | No 　　　　　Yes 　 I don’t know |  |

※ Vaccinations in BLUE are REQUIRED in Japan. Make sure you have all these vaccinations before your admission.

※　Vaccinations in pink are optional in Japan. Talk to your doctor if you have any concerns.

※　For measles, mumps, and rubella, which vaccines were given separately, please provide separate dates. For combined vaccines (MR or MMR), please provide the date of the combined vaccination and leave the others blank.

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Gender |
|  | DD／MM／YYYY | M　　　　　　F |

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###### Inbound International Student Health Survey (Form6)

**Medical History: Please check YES or NO corresponding to the medical conditions listed below, YES if you have had the condition and NO if you have no history of the condition.**

※For “Current Condition,” indicate “undergoing treatment,” “resolved (cured),” “aftereffects,” etc.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Condition | History | Period | Current | Condition | History | Period | Current |
| Heart disease | YES　・　NO | ～ |  | **Diabetes** | YES　・　NO | ～ |  |
| Hypertension | YES　・　NO | ～ |  | **Ulcer** | YES　・　NO | ～ |  |
| Hypotension | YES　・　NO | ～ |  | **Tuberculosis** | YES　・　NO | ～ |  |
| Kidney disease | YES　・　NO | ～ |  | **Anemia** | YES　・　NO | ～ |  |
| Liver disease | YES　・　NO | ～ |  | **PMS/**  **Menstrual cramping** | YES　・　NO | ～ |  |
| Epilepsy | YES　・　NO | ～ |  | **Mental illness** | YES　・　NO | ～ |  |
| Hyperventilation | YES　・　NO | ～ |  | **Somatoform disorder** | YES　・　NO | ～ |  |
| Asthma | YES　・　NO | ～ |  | **Other** | YES　・　NO | ～ |  |
| Eczema | YES　・　NO | ～ |  |
| List all known allergies or sensitivities (Food, drug, animal, plant, etc.): | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current State of Health** : Check any current symptoms   |  |  | | --- | --- | | 1. Headache/migraine | 7. Tire easily | | 2. Palpitations/Shortness of breath | 8. Lack of appetite | | 3. Stiff shoulders | 9. Anxiety/unease | | 4. Constipation | 10. Easily melancholy | | 5. Lumbar pain | 11. Trouble rising (AM) | | 6. Irregular Menstruation | 12. Social anxieties | | **Family medical history （List family illnesses/diseases below）**   |  |  |  |  | | --- | --- | --- | --- | | Father |  | Mother |  | | Brothers |  | Sisters |  | | Grandfather |  | Grandmother |  | |

**About Lifestyle**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of meals per day | 1～2 | 3 | | Other （ 　　　　　　　　　　 ） | |
| Breakfast | Eat breakfast regularly | Sometimes eat breakfast | | Do not eat breakfast | |
| Smoking | Daily （\_\_\_\_\_\_\_ per day） | Sometimes（\_\_\_\_\_\_\_\_\_\_ average ） | | Non-smoker | |
| Alcohol | Daily （Type:　　　　　　　）  （Amount:　　　　　　　　 ） | Sometimes （Type:　　　　　　　　）  （Amount:　　　　　　　 　 ） | | Non-drinker | |
| Sleep | Less than 4 hours nightly | 4-6 hours | 6-8 hours | | More than 8 h ours |
| Living arrangement | Apartment (private) | Dormitory | Shared house | | Other ( ) |
| Share any health concerns or other anxieties you have upon beginning your study in Japan below (Free answer): | | | | | |

※The information you provide will remain confidential. Your answers assist us in protecting your health while in Japan