




Tama University Exchange Program Information Sheet 【2025 Spring Semester】

Name of Institute	Tama University School of Global Studies
Campus	Shonan Campus
Office Name	International Affairs
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Tel / Fax	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.	<p>Airport : 【Narita】 or 【Haneda】</p> <p>YCAT (WAIKYATTO) Yokohama city air terminal - Yokohama City Air terminal - (j-server.com)</p> <p>*Pick up service is available at YCAT in Yokohama. You can use the Airport Limousine Bus which is directly connected to YCAT (in Yokohama) .</p> <p>Narita / Haneda ⇄ YCAT (by Airport Limousine Bus)</p> <p>YCAT ⇄ Shonandai (by Sotetsu Line)</p>

Semester Dates	April 1, 2025 ~ August 1, 2025
Number of weeks /Semester	15 weeks
Orientation Date	April 1
Recommended Arrival Date (Housing Check in)	Late March (tentative) *For housing check-in: check-in date is firmly fixed. (only available during daytime of the weekdays)
Final Exam Week	July 30 ~ August 1, 2025
Transcript Issue Date	Mid- August, 2025
Application Deadline	October 15, 2024
Application Forms	<p>*Please fill in the attached documents and email them to international@gr.tama.ac.jp (International Affairs)</p> <ol style="list-style-type: none"> 1. Student Exchange Applicant Nomination Form - Form 01 2. Student Exchange Application Form - Form 02 3. Certificate of Eligibility Inquiry Form - Form 03 4. Japanese Language Proficiency Questionnaire - Form 04 5. Immunization and Infectious Disease History - Form 05 6. Inbound International Student Health Survey – Form 06 7. Latest student transcripts (PDF) <i>☞GPA min 2.3 out of 4.0</i> 8. Japanese Language Proficiency Test (PDF) <i>☞N2 and above</i> 9. English Language Proficiency Test score (PDF) <i>☞TOEIC min 650 or equivalent</i>  Requires either 8 or 9 10. Scanned copy of current passport photo ID page (COLOR, PDF) 11. Digital passport-style photo in high-res JPEG <ul style="list-style-type: none"> - For Certificate of Eligibility and student ID card - Please refer to the following site about the specifications for photos. https://www.moj.go.jp/isa/applications/status/photo_info_00002.html 12. Study Abroad Plan (1 page [A4 or 8.5" by 11"] in length, including all contents mentioned below, submitted in WORD): <ol style="list-style-type: none"> a. Autobiographical information (name, year in school, academic major, etc.); b. explanation of why the nominee seeks to study abroad at Tama University School of Global Studies in Japan, and; c. A proposal of what the nominee intends to study and experience in Japan.

Housing Information	Tama University Shonan Campus offers assistance with accommodation arrangements for students. Once your study abroad application is approved, we will provide you with detailed information about the accommodation facilities.
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 by e-mail. Thank you.

Semester	Deadline for Nomination	Deadline for Application
Spring 2025 (April 1 Admission)	1 October 2024	15 October 2024
Fall 2025 (October 1 Admission)	1 May 2025	15 May 2025

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	
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1	Student name		Date of birth	(DD) / (MM) / (YYYY)
	Academic major		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
2	Student name		Date of birth	(DD) / (MM) / (YYYY)
	Academic major		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female



Student Exchange Application Form (Form2)

1. Course of Study Details	
Prospective semester of admission (spring/fall):	<input type="checkbox"/> Spring <input type="checkbox"/> Fall
Prospective period of study	<input type="checkbox"/> 1 semester <input type="checkbox"/> 2 semesters

2. Personal Details & Contact Information	
Legal name: (As on passport)	Surname: Given name Middle name(s):
Year in school	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> 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):	

3. Student Housing
<input type="checkbox"/> I would like Tama University International Affairs to help me arrange housing.
<input type="checkbox"/> 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.

4. 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.
<input type="checkbox"/> Yes, I would like someone to meet me.
<input type="checkbox"/> No, I DO NOT need someone to meet me.

5. 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.

6. 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:



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	
2. Date of birth (Day/Month/Year)	(DD): / (MM): / (YYYY):
3. Surname (Family name)	
Given name (First & middle name(s))	
4. Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
5. Place of birth (Municipality [city, town] & country)	
6. Marital status	<input type="checkbox"/> Married <input type="checkbox"/> Single
7. Occupation	
8. Hometown or home city	
9. Date of entry into Japan DD-MM-YYYY (Enter if known. If undecided, leave blank.)	(DD): / (MM): / (YYYY):
10. Port of entry: (Enter if known. If undecided, leave blank.)	<input type="checkbox"/> Haneda Airport <input type="checkbox"/> Narita Airport
11. Intended length of study:	<input type="checkbox"/> Half-year <input type="checkbox"/> One year
12. Accompanying persons	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Place of visa application – (Location of closest Japanese embassy or consulate)	
14. Have you been to Japan before?	
If YES, how many times?	<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three times <input type="checkbox"/> More than three times: _____ times
If YES, enter last dates entered & departed (DD/MM/YYYY)	Enter: (DD): / (MM): / (YYYY): Depart: (DD): / (MM): / (YYYY):
15. Do you have a criminal record in Japan or overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:

16. Have you ever been deported from or ordered to leave Japan?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES: (DD): / (MM): / (YYYY):
17. Family in Japan or co-residence (Please attach an extra page if you need more room)	<input type="checkbox"/> Yes <input type="checkbox"/> 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:
18. Last school or educational institution OR present school:	Name of the school:
19. Date of graduation or expected graduation.	Year Month
20. Total years of formal education:	(from elementary school to last institution of education) _____ years
21. 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.	<input type="checkbox"/> Myself () (JPY) → Deposit Balance () (JPY) <input type="checkbox"/> Overseas remittance () (JPY) <input type="checkbox"/> Carrying from abroad () (JPY) Who? _____ / _____ (Name / Relation to you) When? _____ <input type="checkbox"/> Benefactor in Japan () (JPY) <input type="checkbox"/> 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:	



Japanese Language Proficiency Questionnaire (Form4)

Home Institution: _____ Applicant Name: _____

I: Have you learned hiragana and katakana?

Hiragana: Reading	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Writing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Katakana: Reading	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Writing	<input type="checkbox"/> Yes	<input type="checkbox"/> 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., *Language 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.

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	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	
Rubella	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	
Epidemic parotitis	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> I don't know	
Varicella (Chickenpox)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> M <input type="checkbox"/> F

END OF DOCUMENT

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	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~		Diabetes	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~	
Hypertension	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~		Ulcer	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~	
Hypotension	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~		Tuberculosis	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~	
Kidney disease	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~		Anemia	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~	
Liver disease	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~		PMS/ Menstrual cramping	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~	
Epilepsy	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~		Mental illness	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~	
Hyperventilation	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~		Somatoform disorder	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~	
Asthma	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~		Other	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~	
Eczema	<input type="checkbox"/> YES ▪ <input type="checkbox"/> NO	~					

List all known allergies or sensitivities (Food, drug, animal, plant, etc.):

Current State of Health : Check any current symptoms

<input type="checkbox"/> 1. Headache/migraine	<input type="checkbox"/> 7. Tire easily
<input type="checkbox"/> 2. Palpitations/Shortness of breath	<input type="checkbox"/> 8. Lack of appetite
<input type="checkbox"/> 3. Stiff shoulders	<input type="checkbox"/> 9. Anxiety/unease
<input type="checkbox"/> 4. Constipation	<input type="checkbox"/> 10. Easily melancholy
<input type="checkbox"/> 5. Lumbar pain	<input type="checkbox"/> 11. Trouble rising (AM)
<input type="checkbox"/> 6. Irregular Menstruation	<input type="checkbox"/> 12. Social anxieties

Family medical history (List family illnesses/diseases below)

Father		Mother	
Brothers		Sisters	
Grandfather		Grandmother	

About Lifestyle

Number of meals per day	<input type="checkbox"/> 1~2	<input type="checkbox"/> 3	<input type="checkbox"/> Other ()
Breakfast	<input type="checkbox"/> Eat breakfast regularly	<input type="checkbox"/> Sometimes eat breakfast	<input type="checkbox"/> Do not eat breakfast
Smoking	<input type="checkbox"/> Daily (_____ per day)	<input type="checkbox"/> Sometimes (_____ average)	<input type="checkbox"/> Non-smoker
Alcohol	<input type="checkbox"/> Daily (Type:) (Amount:)	<input type="checkbox"/> Sometimes (Type:) (Amount:)	<input type="checkbox"/> Non-drinker
Sleep	<input type="checkbox"/> Less than 4 hours nightly	<input type="checkbox"/> 4-6 hours	<input type="checkbox"/> 6-8 hours
Living arrangement	<input type="checkbox"/> Apartment (private)	<input type="checkbox"/> Dormitory	<input type="checkbox"/> Shared house
			<input type="checkbox"/> 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