Tama University Exchange Program
Information Sheet【2025 Fall Semester】

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| 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: +81-466-21-7731Fax: +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](https://www.ycat.co.jp/) [terminal - (j-server.com)](https://www.ycat.co.jp/)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) |

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| Semester Dates | September 22, 2025 ～ January 28, 2026 |
| Number of weeks /Semester | 15 weeks |
| Orientation Date | September 16 |
| RecommendedArrival Date | Mid-September (tentative) |
| Final Exam Week | January 26 ～ January 28, 2026 |
| Transcript Issue Date | Mid- February, 2026 |
| ApplicationDeadline | May 15, 2025 |
| Application Forms | \*Please fill in the attached documents and email them to international@gr.tama.ac.jp (International Affairs)1. Student Exchange Applicant Nomination Form - [**Form 01**](#bookmark3)
2. Student Exchange Application Form - [**Form 02**](#bookmark15)
3. Certificate of Eligibility Inquiry Form - [**Form 03**](#bookmark22)
4. Japanese Language Proficiency Questionnaire - [**Form 04**](#bookmark24)
5. Certificate of Health -**[Form 05](#bookmark2)**
6. Latest student transcripts (PDF) *☛GPA min 2.3 out of 4.0*
7. Japanese Language Proficiency Test score (PDF) *☛N2 and above*
8. English Language Proficiency Test score (PDF)

*☛TOEIC min 650 or equivalent* Requires either 7 or 81. 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.moj.go.jp/isa/applications/status/photo_info_00002.html>11. Study Abroad Plan (1 page [A4 or 8.5” by 11”] in length, including all contents mentioned below, submitted in WORD):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.c. A proposal of what the nominee intends to study and experience in Japan. |

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| 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 than3 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.

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| **Semester** | **Deadline for****Nomination** | **Deadline for****Application** |
| Fall 2025 (October 1 Admission) | 1 May 2025 | 15 May 2025 |
| Spring 2026 (April 1 Admission) | 1 October 2025 | 15 October 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

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| Partner institution |  |

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| --- | --- | --- | --- | --- |
| 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 |

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Student Exchange Application Form (Form2)

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

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| --- |
| 2. Personal Details & Contact Information |
| Legal name:(As on passport) | Surname:Given nameMiddle 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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| 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. |

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| 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. ☐ Yes, I would like someone to meet me. ☐ No, I DO NOT need someone to meet me. |

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| 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. |

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| 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. |

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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.

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| **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 | ☐ Male ☐ Female |
| 5. Place of birth(Municipality [city, town] &country) |  |
| 6. Marital status | ☐ Married ☐ 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.) | ☐ Haneda Airport ☐ Narita Airport |
| 11. Intended length of study: | ☐ Half-year ☐ One year |
| 12. Accompanying persons | ☐ Yes ☐ 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? | ☐ 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): |
| 15. Do you have a criminal record in Japan or overseas? | ☐ Yes ☐ NoIf yes, explain: |

|  |  |
| --- | --- |
| 16. Have you ever been deported from or ordered to leave Japan? | ☐ Yes ☐ NoIf YES: (DD): / (MM): / (YYYY): |
| 17. Family in Japan or co-residence(Please attach an extra page if you need more room) | ☐ Yes ☐ NoIf 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:1. 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 ascholarship 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: |  |

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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., 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

Date of JLPT acquisition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (mm / dd / year)

VI. 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

氏名 Name

**健康診断書CERTIFICATE OF HEALTH (Form5)**

□ 男 Male □ 女 Female

生年月日 Date of Birth(Day/Month/Year)

1. 身体検査 Physical Examination

(1) 身 長 　　　　　　　　　　体 重

Height cm Weight Kg

(2) 血 圧

Blood pressure

mm/Hg ～

mm/Hg

2. 予防接種記録 Immunization record

|  |  |  |
| --- | --- | --- |
| 3種混合MMR (Measles/Mumps/Rubella) | □Dose1( / / )dd mm yy□Not Vaccinated□Unknown | □Dose2( / / )dd mm yy□Not Vaccinated□Unknown |
| 麻疹 Measles | □Dose1( / / )dd mm yy□Not Vaccinated□Unknown | □Dose2( / / )dd mm yy□Not Vaccinated□Unknown |
| 風疹 Rubella | □Dose1( / / )dd mm yy□Not Vaccinated□Unknown | □Dose2( / / )dd mm yy□Not Vaccinated□Unknown |

3. 胸部レントゲン \* 検査は来日予定日から遡り１年以内とする

 (X-rays should be taken within 1year prior to arrival to Japan.)

(1) 撮影日 Date of chest X-ray.(Date/Month/Year)

□ 正常 Normal □ 異常 Impaired

Describe the condition

4.過去に罹患した病気をチェックしてください。罹患した病気がない場合には、既往症なしにチェックを選択してください。 Has the applicant ever suffered from any of the followings? Please indicate by checking every box that applies to him/her. If he/she does not have any history, check the box “no remarkable history”.

□ 結核 Tuberculosis □ 糖尿病 Diabetes □ 心臓疾患 Heart disease □ 喘息 Asthma

□ 精神疾患 Psychosis □ 消化器系疾患 Digestive Tract Problem □ てんかん Epilepsy

□ 腎疾患 Kidney Disease □ 肝炎 Hepatitis A・B・C If yes, please specify

□ アレルギーAllergy If yes, please specify

□ その他 Others

□ 既往症なし No remarkable history

5. 志願者の健康状態は日本留学(1年未満)に支障がないですか。

Do you think the applicant’s condition is good enough for him /her to study in Japan for up to 1 year?

□ Yes □ No If no, please specify

診断の結果、上記のとおり相違ないことを証明する。 I hereby certify the above diagnosis.

医師氏名

Physician's Name in Print:

検査施設名

Office/Institution:

所在地

Address

日付 署名

Date(Day/Month/Year): ／ ／ Signature: