Tama University Exchange Program Information Sheet 【2025 Fall Semester】

Name of Institute	Tama University School of Global Studies
Campus	Shonan Campus
Office Name	International Affairs
Contact parson	Wenchi Cheng (zheng@tama.ac.jp)
Contact person	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 Fax: +81-466-82-5070
Website	http://www.tama.ac.jp/english/
Airport	Narita/ Haneda
	Airport: [Narita] or [Haneda]
From Airport to	YCAT (WAIKYATTO) Yokohama city air terminal - Yokohama City Air terminal -
Campus *the nearest	(j-server.com)
station is Shonandai.	You can use the Airport Limousine Bus which is directly connected to YCAT (in Yokohama) .
*Our campus is 15	Narita / Haneda
minute walk from the station.	(by Allport Elliousine Dus)
Station.	YCAT

Semester Dates	September 22, 2025 \sim January 28, 2026
Number of weeks /Semester	15 weeks
Orientation Date	September 16
Recommended Arrival Date	Mid-September (tentative)
Final Exam Week	January 26 \sim January 28, 2026
Transcript Issue Date	Mid- February, 2026
Application Deadline	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 2. Student Exchange Application Form - Form 02 3. Certificate of Eligibility Inquiry Form - Form 03 4. Japanese Language Proficiency Questionnaire - Form 04 5. Certificate of Health -Form 05 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)

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	Deadline for		
Semester	Nomination	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

Partner institution	

1.	Student	Date of birth	(DD)	/(MM)
	name	Date of birth	/(YYYY)	
	Academic major	Sex	□ Male	□ Female
2.	Student	Date of birth	(DD)	/(MM)
	name	Date of birtin	/(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		☐ 1 semester ☐ 2 semesters
2. Personal Details & Contact Information		
Legal name:	Surnam	e:
(As on passport)	Given na	ame
	Middle r	name(s):
Vacuin askasl	□ Year 1	. □ Year 2 □ Year 3
Year in school	□ 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		
$\hfill\square$ I would like Tama University International Af	fairs to he	elp me arrange housing.
$\hfill\Box$ I do not require assistance. I will arrange my	own acc	ommodation.
4. Pick-up at Designated Meeting Point		
Would you like a representative to meet you at	_	ated meeting point upon
your arrival in Japan? We will contact you with ☐ Yes, I would like someone to meet me.	uetalis.	
☐ 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	□ 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 ☐ No If yes, explain:

16. Have you ever been deported from	□ Yes □ No
or ordered to leave Japan?	If YES: (DD): / (MM): / (YYYY):
17. Family in Japan or co-residence	☐ Yes ☐ No
(Please attach an extra page if you need	If yes, please indicate the following:
more room)	1.Relationship:
	2. Name:
	3. Date of birth:(DD): / (MM): / (YYYY):
	4. Nationality:
	5. Residing with applicant:
	6. School/workplace:
18. Last school or educational institution	Name of the school:
OR present school:	
19. Date of graduation or expected	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.	 □ 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," "car	rying 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 alread	ly received the funds, please indicate the
information below:	, , , , , , , , , , , , , , , , , , , ,
Organization providing the scholarship:	

Japanese Language Proficiency Questionnaire (Form4)

Home I	nstitutio <u>n:</u>		Applicant Na	ime:
I: Have you	ı learned hiraga	na and kataka	na?	
, , ,	Hiragana:	Reading	☐ Yes	□ No
		Writing	□ Yes	□ No
	Katakana:	Reading	□ Yes	□ No
		Writing	□ Yes	□ No
•	ever studied kan		•	
• •	many do you kn			•
⊔ 0-100 kanj	i □ 100-500 ka	nji ⊔ 500-100	u kanji ⊔ 1000	or more kanji
III: How mar	ny hours have vo	ou studied Jap	anese? Choose	the number of hours.
	, rs □ 200-500 ho	•		
•	ve studied Japa	•	_	•
			•	ailed as possible.
Please provid	e details of you	r Japanese ian	guage study ni	story nere.
•	u ever taken JLF	T (The Japan	Language Prof	iciency Test)?
☐ Yes ☐ No	0			
If you place	e choose the high	ahost lovol vou	i havo paccodi	
, , ,	e choose the mig	•	•	
		_ N3 _ N0	certificate	
Date of J	LPT acquisition			
		(mm / dd	/ year)	
VI. Do you r	equire an Englis	sh-language st	udent orientati	on?
☐ YES, I need	l an English-langu	age orientation	AND all essentia	l printed materials in English.
☐ YES, I need	an English-langu	age orientation	but can read Jap	panese-language printed materials.
□ No, I do not	need an English-	language orient	ation BUT would	l like English-language materials.
□ No, I do not	need an English-	language orient	ation or English-	language printed materials.

健康診断書 CERTIFICATE OF HEALTH (Form5)

氏名 Name

□ 男 Male □ 女 Female

生年月日 Date of Birth(Day/Month/Year)

(1) 身 長				(0)	# F					
. ,		体 重		(2)	血圧					
Height	cm	Weight	Kg		Bloo	d pressure	;	mm/Hg	~	mm/I
2. 予防接種記録 Imr	munization record									
3 種混合		□Dose1(/ dd	/ mm	уу)	□Dose2(dd /	mm /	уу)
MMR (Measles/M	fumps/Rubella)	□Not Vacc □Unknown					□Not Vao □Unknov			
麻疹 Measles		□Dose1(/ dd	/ mm	уу)	□Dose2(dd	mm /	уу)
Wicasies		□Not Vacc □Unknow					□Not Vao □Unknov			
回吃 D111.		□Dose1(/ dd	/ mm	уу)	□Dose2(dd /	mm /	уу)
風疹 Rubella		□Not Vacc □Unknow					□Not Vao □Unkno			
a C	を選択してく indicate by	見した病気をチ ださい。 Ha checking eve	ェック as the ry box	してく applica that a	ant ev pplies	er suffered	l from any	of the fo	llowings	? Please
□ 結核 Tuberculos □ 精神疾患 Psycho □ 腎疾患 Kidney D □ アレルギーAllerg □ その他 Others □ 既往症なし No re	を選択してく indicate by check the b is	はた病気をチださい。 Hachecking eveox "no reman Diabetes 系疾患 Diges Hepatitis A	ェック as the ry box kable stive Ti	してく applica that a history ロ 心 ract Pr	ださい ant ev pplies 7". 臓疾患 oblem	er suffered to him/h Heart dis	l from any er. If he/s ease んかん Ep	y of the fo she does r □ 喘息	llowings	? Please any history
□ 精神疾患 Psycho □ 腎疾患 Kidney D □ アレルギーAllerg □ その他 Others □ 既往症なし No re	を選択してく indicate by check the busis	はした病気をチださい。 Hachecking evector "no reman Diabetes 系疾患 Diges Hepatitis Aspecify	・エックas the rry box-kable stive Tr	してく applica that a history ロ 心 act Pr C <u>If ye</u>	ださい ant ev pplies パ. 臓疾患 oblem s, plea	er suffered to him/h Heart dis U T ase specify	l from any er. If he/s ease んかん Er	r of the for the does r	llowings not have Asthma	? Please any history
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