Sutinee Potisuwan

From:

楠本 洋世 <hkusumot@ad.reitaku-u.ac.jp>

Sent:

Thursday, February 8, 2018 2:36 PM

To:

International

Cc:

Chakrit Fuangprang; Sutinee Potisuwan; 'kanhaso20@hotmail.com';

'masaoku@hotmail.com'; 山川 _ 和彦; RIEC

Subject:

Attachments:

Application for Admission Fall/2018, Reitaku University (for NU)

2018 - Fall Application Documents(NU).pdf; Revision of Dormitory Fee 2018.pdf; 01 Application for Admission 2018.pdf; 02 Pledge 2018.pdf; 03-1 Certificate of health 2018.pdf; 03-2 Additional Information about Required Vaccinations

2018.pdf; 03-3 Attention Measles Examination Requirement.pdf; 04-1 Application Form for the Dormitory 2018.pdf; 04-2 Dormitory Pledge 2018 fall.pdf; 04-3 about Reitaku University Global Dormitory 2018.docx; 05 about photo.pdf; 06-1

Application Form for Japanese Course Offered in the Second Semester, 2018 fall.pdf; 06-2 Outline of the Japanese Language Courses in the Second Semester of 2018 fall.pdf; 07 APPLICATION FOR CERTIFICATE OF ELIGIBILITY 2018.xls; 08 Form

about Family Members.doc

Follow Up Flag: Flag Status:

Follow up Flagged

บหาวิทยาลัยนเรศวร

งานทุนระหว่างประเทศ กองพัฒนากิจการต่างประเทศ

วันที่ 12 กพ.61 เวลา 10.02

กลงพัฒนากิจการต่างประเทศ มหาวิทยาดัยมหระเวร 0393

14.15

9 174-61

องค์าไระกอบที...

Dear Partner,

This is Hiroyo Kusumoto, a staff of International Exchange Center, Reitaku University, Japan. I hope this mail finds you in good health.

I'm attaching the necessary documents and the list of those documents to study at Reitaku University in Fall 2018. We would be grateful if you could deliver them to your students and send them back no later than April 20, 2018.

If you have any questions about making documents, please e-mail us at RIEC@reitaku-u.ac.jp.

We wish your university further prosperity.

Sincerely,

Hiroyo Kusumoto (Ms.) International Exchange Center Reitaku University 2-1-1 Hikarigaoka, Kashiwa-shi Chiba, 277-0065

JAPAN

Phone: +81-4-7173-3690 FAX: +81-4-7173-3953 E-mail: RIEC@reitaku-u.ac.jp

ด้วย Reitaku University ประเทศญี่ปุ่น ประชาสัมพันธ์ โครงการแลกเปลี่ยนนิสิตระยะชางณ Center for Japanese Languages Education, Fall semester 2018 ณ Reitaku University ประเทศญี่ปุ่น เป็นระยะเวลา 1 ภาคการศึกษา ระหว่างเดือนกันยายน 2561 - กุมภาพันธ์ 2562 ระยะเวลา 1 ภาคการศึกษา เพื่อศึกษาภาษาญี่ปุ่น แบบลงทะเบียน เรียนและสามารถโอนหน่วยกิตได้ รายละเอียดดังเอกสารแนบท้าย ทั้งนี้ นิสิตผู้ได้รับการคัดเลือกนิสิตจะได้รับการยกเว้นค่าธรรมเนียมการศึกษา และที่พัก จาก Reitaku University โดยมหาวิทยาลัยนเรศวรสามารถเสนอ ชื่อเข้าร่วมได้ 1 ราย ซึ่งนิสิตต้องมีคุณสมบัติ ดังนี้

- 1) ผ่านเกณฑ์ของมหาวิทยาลัย คือ มีผลการเรียนไม่ต่ำกว่า 3.00 ขึ้นไป
- 2) ผ่านเกณฑ์ของ Reitaku University คือ มีทักษะความรู้ ทางด้านภาษาญี่ปุ่น เทียบเท่าระดับภาษาญี่ปุ่น N3 ขึ้นไป (Japanese Language Proficiency Test: JLPT)

ทั้งนี้ นิสิตผู้ประสงค์เข้าร่วมโครงการ <u>นิสิตต้องเป็นผู้รับผิดชอบ</u> ค่าใช้จ่ายอื่นๆ ทั้งหมด โดยต้องเป็นผู้ที่มีผลการเรียนเฉลี่ย 3.00 ขึ้นไป และ มีผลคะแนนภาษาอังกฤษ CEPT ไม่ต่ำกว่าระดับ B1 30 คะแนน ขอได้โปรด ส่งเอกสารประกอบการสมัคร ได้แก่ 1) แบบฟอร์มการสมัครของ **Rei taku** ดังเอกสารแนบท้าย 2) ใบแสดงผลการเรียน (Transcript) 3) หนังสือรับรอง การเป็นนิสิต (ภาษาอังกฤษ)

จึงเรียนมาเพื่อโปรดพิจารณา เห็นควรแจ้งประชาสัมพันธ์คณะ/วิทยาลัย และประชาสัมพันธ์ผ่าน Website และเฟสบุ๊ค NU Scholarship และหากมีนิสิตประสงค์เข้าร่วมโครงการ ขอได้โปรดเสนอชื่อมายังกอง พัฒนากิจการต่างประเทศ ภายในวันที่ 10 เมษายน 2561 เพื่อเสนอชื่อไป ยัง Reitaku University ต่อไป

13 MM 61 Py

120NV61

รองศาสตร่าจารย์ ดร.สุขกิจ ยะโลณฑรีกุล รักษาคารในตำแหน่งรองอธิการบดี ปฏิบัติราชการแหน

อธิการบดีมหาวิทยาลัยนเรศวร

Application Documents

- 1. Application Form for Admission written in by the student in person (form 01)
- 2. Pledge (form 02)
- 3. Certificate of Health (form 03-1, 03-2)
- # Please guide them to ask a physician to fill out.
- # Please guide them to read the direction about the measles examination requirement.
- 4. Application Form for the Dormitory (form 04·1)
 Dormitory Pledge(form 04·2)
- 5. 8 pieces of photograph
- #8 pieces: 40mm×30mm
- # Please guide them to read the direction about the photo.
- 6. Letter of Recommendation
- # Please guide them to ask their professor to write it.
- 7. Certificate of enrollment
- 8. Official transcript
- 9. Application Form for Japanese Course Offered in the First Semester, 2018 (form 06)
- # Please guide them to read the direction about Japanese course.
- 10. Copy of the Results of the Japanese-Language Proficiency Test (If applicable)
- 11. APPLICATION FOR CERTIFICATE OF ELIGIBILITY (form 07)
- # Please guide them to type into the columns to the attached excel file, and forward us via e-mail at RIEC@reitaku-u.ac.jp
- 12. Copy of Passport
- # The page which contains the photo.
- 13. List of students' family members (form 08)
- 14. The letter to the Immigration Bureau if they have stayed in Japan more than one month with a "Temporary Visitor" visa (If applicable)

NU

NOTE:

1) If the basic course is fully occupied by Reitaku regular students, exchange students might be

placed on the Integrated Course, where we offer them 5 Japanese classes per week.

2) We will ask for text fee charge to exchange students.

The fee is about 20,000 JPN and will be charged after their courses are settled.

3) Certificate of Eligibility, which is necessary to apply college student visa, will be issued in the

early of August.

4) We would like to new international students to come to Reitaku at the beginning of September.

5) We highly recommend that your students to insure themselves to the overseas travel insurance.

6) You are not allowed to work during your stay in Japan. However, for those who take 2nd semester,

you may be able to work part-time, only if you have good grades on 1st semester and get permissions

from your assigned teacher at Reitaku University and your home school teacher.

7) The Residence Hall Office will make every effort to meet your preferences, however please note

that you may live in the other dormitory.

If you have any questions about making documents, please e-mail us at RIEC@reitaku-u.ac.jp.

Please send the original documents to the following address.

Hiroyo Kusumoto (Ms.)

International Exchange Center

Reitaku University

2-1-1 Hikarigaoka, Kashiwa-shi

Chiba, 277-0065 JAPAN

Phone: +81-4-7173-3690 FAX: +81-4-7173-3953

E-mail: RIEC@reitaku-u.ac.jp

Outline of the Japanese Language Courses in the Second Semester of 2018 (For Exchange Students)

Center for Japanese Language Education, Reitaku University

At the Center for Japanese Language Education at Reitaku University, three courses – Integrated, Basic (Intensive), and Skills Training – are offered in accordance with your purpose for studying Japanese. However, some exchange students may not be able to attend the Basic (Intensive) Course if it is full after the fixed number of spots are filled by regular students of the university.

	Intended Japanese Level	Learning Hours per Semester*	Credits
Integrated Course	Introductory to Elementary	150 hours	5
Basic (Intensive) Course	Elementary Intermediate to Advanced	360 hours	12
Skills Training Course	Intermediate to Super-Advanced	150 hours	5

^{*} Including study hours for homework and other assignments

1. Integrated Course | Five (5) classes per week (each class lasting 90 minutes)

Students study Japanese in five classes (7 hours 30 minutes total) per week. Students will also take two or more non-Japanese language classes/courses offered by the university (undergraduate and/or the graduate school), providing a wide spectrum of studies in Japan. In these university undergraduate classes, students can converse in Japanese and enjoy group work together with Japanese students. Japanese as a Foreign Language I and II are designed to help students improve their conversational, reading and writing skills with an emphasis on grammar. Lessons are conducted with a small group of students in a closely supervised setting.

Qualifications for Admission:

Hiragana and Katakana reading/writing at the elementary level

Classes, Japanese levels and credits

Class	Class hours per week	Beginning Level	Goal Level	Credits
Japanese as a Foreign Language I A/B (JLP101,102)	90 min x 5 classes	Introductory	Lower Elementary	5
Japanese as a Foreign Language II A/B (JLP103,104)	90 min x 5 classes	Elementary	Upper Elementary	5

^{*}Students taking the Integrated Course, must attend all five classes.

2. Basic (Intensive) Course 12 classes per week x 15 weeks (each class lasting 90 minutes) Students study Japanese intensively at a pace of 12 classes (18 hours) per week in the Basic (Intensive) Course. Classes are designed for students who wish to study at a Japanese university and/or work in a Japanese language environment. Typically, applicants have acquired an N4 or higher accreditation in the Japanese-Language Proficiency Test (JLPT), which usually requires 400 or more hours of learning Japanese. Three courses – Elementary Intermediate I, Intermediate, and Advanced – are offered. Students will acquire comprehensive Japanese ability in all four major skill areas (reading, speaking, writing and listening) with an emphasis on the basics of grammar.

Qualifications for Admission: N4 in JLPT (400 hours of learning Japanese) to Advanced

• Courses, Classes, Japanese-Language Proficiency Test (JLPT) Levels and Credits

Course	Class	Class hours per week	Beginning Level	Goal Level	Credits
	Japanese Grammar & Reading				8
Elementary Intermediate I	Japanese Speaking	90 min x 2 classes	N4	N3	2
(JLP125 - JLP128)	Japanese Listening Comprehension	90 min x 1 class	INO	1	
	Japanese composition	90 min x 1 class			1
Intermediate	Japanese Grammar & Reading	90 min x 8 classes			8
(JLP135 -	Japanese Speaking	90 min x 2 classes	N3 - N2	N2	2
JLP138)	Japanese Listening Comprehension	90 min x 1 class			1

	Japanese composition	90 min x 1 class			1
Advanced *1	Japanese Grammar & Reading	90 min x 5 classes			5
(JLP144 - JLP146)	Japanese composition	90 min x 1 class	N2 - N1	N1	1
-=/	Japanese presentation	90 min x 1 class			1.

^{*1} Advanced Course students also take five classes in the Skills Training Course.

3. Skills Training Course is designed for students to acquire the Japanese language ability required to study in undergraduate classes. This course is offered for students whose Japanese ability is equivalent to N2 of the JLPT or more, and they will focus on improving their reading comprehension, written expression, listening comprehension, grammar and sentence structure, and oral expression skills. Students will be assigned to four classes (except written expression and oral expression; those subjects are assigned to five classes) based on Japanese ability. Other than these classes, students will take two or more undergraduate classes that they wish to study.

Qualifications for Admission: N2 in JLPT to Super-Advanced

Classes offered (JLP171 - JLP175) and Credits

Class	Class hours per week	Credits
Japanese Oral Expression B	90 min x 1 class	1
Japanese Writing B	90 min x 1 class	1,
Japanese Grammar B	90 min x 1 class	1
Japanese Reading Comprehension B	90 min x 1 class	1
Japanese Listening Comprehension B	90 min x 1 class	1

^{*} When taking the Skills Training Course, students must attend all five classes.

^{*2} When taking the Basic (Intensive) Course, students must attend all twelve classes. However, you may be allowed to take 8 credits of "Japanese Grammar & Reading" only in consultation with teachers.

Outline of the Japanese Language Courses in the First Semester of 2019 (For Exchange Students)

Center for Japanese Language Education, Reitaku University

At the Center for Japanese Language Education at Reitaku University, three courses – Integrated, Basic (Intensive), and Skills Training – are offered in accordance with your purpose for studying Japanese. However, some exchange students may not be able to attend the Basic (Intensive) Course if it is full after the fixed number of spots are filled by regular students of the university.

	Intended Japanese Level	Learning Hours per Semester*	Credits
Integrated Course	Introductory to Elementary	150 hours	5
Basic (Intensive) Course	Elementary Intermediate to Advanced	360 hours	12
Skills Training Course	Intermediate to Super-Advanced	150 hours	5

^{*} Including study hours for homework and other assignments

1. Integrated Course Five classes per week x 15 weeks (each class lasting 90 minutes) Students study Japanese in five classes (7 hours 30 minutes total) per week. Students will also take two or more non-Japanese language classes/courses offered by the university (undergraduate and/or the graduate school), providing a wide spectrum of studies in Japan. In these university undergraduate classes, students can converse in Japanese and enjoy group work together with Japanese students. Japanese as a Foreign Language II and III are designed to help students improve their conversational, reading and writing skills with an emphasis on grammar. Lessons are conducted with a small group of students in a closely supervised setting.

Qualifications for Admission:

100 hours of studying Japanese to intermediate level

Classes, Japanese levels and credits

Class	Class hours per week	Beginning Level	Goal Level	Credits
Japanese as a Foreign Language II A/B (JLP103,104)	90 min x 5 classes	Elementary	Upper Elementary	5
Japanese as a Foreign Language III A/B (JLP105,106)	90 min x 5 classes	Upper Elementary	Lower Intermediate	5

^{*} When taking the Integrated Course, students must attend all five classes.

2. Basic (Intensive) Course 12 classes per week x 15 weeks (each class lasting 90 minutes) Students study Japanese intensively at a pace of 12 classes (18 hours) per week in the Basic (Intensive) Course. Classes are designed for students who wish to study at a Japanese university and/or work in a Japanese language environment. Typically, applicants have acquired an N5 or higher accreditation in the Japanese-Language Proficiency Test (JLPT), which usually requires 150 or more hours of learning Japanese. Three courses – Elementary II, Elementary Intermediate II and Intermediate Advanced – are offered. Students will acquire comprehensive Japanese ability of four major skills (reading, speaking, writing and listening) with an emphasis on basics of grammar.

Qualifications for Admission: N5 in JLPT (150 hours of learning Japanese) to Advanced

• Courses, Classes, Japanese-Language Proficiency Test (JLPT) Levels and Credits

Course	Class	Class hours per week	Beginning Level	Goal Level	Credits
	Japanese Grammar & Reading	90 min x 8 classes			8
Elementary II (JLP121 -	Japanese Speaking	90 min x 2 classes	NE		2
JLP124)	Japanese Listening Comprehension	90 min x 1 class	N5 N4	11/4	1
	Japanese composition	90 min x 1 class			1
	Japanese Grammar & Reading	90 min x 8 classes			8
Elementary Intermediate II	Japanese Speaking	90 min x 2 classes	N4 – N3	NO NO	2
(JLP131 - JLP134)	Japanese Listening Comprehension	90 min x 1 class		×	N3 - N2
	Japanese composition	90 min x 1 class	7.4		1

Intermediate	Japanese Grammar & Reading	90 min x 5 classes			5
Advanced *1 (JLP141 -	Japanese composition	90 min x 1 class	N2	N2 - N1	1
JLP143)	Japanese presentation	90 min x 1 class			1

^{*1} Intermediate Advanced Course students also take five Skills Training Course classes.

* When taking the Basic (Intensive) Course, students must attend all twelve classes. However, you may be allowed to take 8 credits of "Japanese Grammar & Reading" only in consultation with teachers.

3. Skills Training Course 5 classes per week x 15 weeks (each class lasting 90 minutes) The Skills Training Course is designed for students to acquire the Japanese language ability required to study in undergraduate classes. This course is offered for students whose Japanese ability is equivalent to N2 of the JLPT or more, and they will focus on improving their reading comprehension, written expression, listening comprehension, grammar and sentence structure, and oral expression skills. Students will be assigned to four classes (except written expression and oral expression; those subjects are assigned to five classes) based on Japanese ability. Other than these classes, students will take two or more undergraduate classes that they wish to study.

Qualifications for Admission: N2 in JLPT to Super-Advanced

Classes offered (JLP161 - JLP165) and Credits

Class	Class hours per week	Credits	
Japanese Oral Expression B	90 min x 1 class	1	
Japanese Writing B	90 min x 1 class	1	
Japanese Grammar B	90 min x 1 class	1	
Japanese Reading Comprehension B	90 min x 1 class	1	
Japanese Listening Comprehension B	90 min x 1 class	1	

^{*} When taking the Skills Training Course, students must attend all five classes.

寮費のご案内

2018年4月より寮費が変更になりました。留学期間によって費用が異なりますのでご注意ください。

<留学期間:1学期間のみ>

		A・B・C 棟	D棟
da≓n	入寮費	50,000 円	50,000 円
内訳	寮費	228,000 円	193,000 円
	合計	278,000 円	243,000 円

<留学期間:1年間>

OA·B·C 棟

費目		1 学期目	2 学期目
.L.=n	入寮費	50,000 円	
内訳	寮費	228,000 円	228,000 円
1	合計	278,000 円	228,000 円

○D 棟

李	費目	1 学期目	2 学期目
ıHı≅⊓	入寮費	50,000 円	
内訳	寮費	193,000 円	193,000 円
É	計	243,000 円	193,000 円

Revision of Dormitory Fee

We announce the revision of dormitory fee from April 2018. The new dormitory fee from April 2018 will be as follows.

<Period : One semester only>

***************************************		Dorm A · B · C	Dorm D
T4	One Time Management Fee	¥50,000	¥50,000
Item Dorm Fee	¥228,000	¥193,000	
	Total	¥278,000	¥243,000

<Period : One year>

 \bigcirc Dorm A \cdot B \cdot C

		1st Semester	2 nd Semester
Ti	One Time Management Fee	¥50,000	
Item Dorm Fee	Dorm Fee	¥228,000	¥228,000
	Total	¥278,000	¥228,000

ODorm D

		1 st Semester	2 nd Semester
T4	One Time Management Fee	¥50,000	
Item Dorm Fee	¥193,000	¥193,000	
	Total	¥243,000	¥193,000

2018年度 麗澤大学特別聴講生 恵 願 書

Application for Admission, 2018 Reitaku University

4.0cm×3.0cm 最近 3ヶ月以内に撮 影した、上半身正面 脱帽のもの

写真貼付欄

Photo4.0cm×3.0cm taken in 3 months, without hat, full front face

①氏名

志願書の氏名は学生証に記載されるので、パスポートの名前を記入すること。

(The name which you have written in this application form will be printed on your student I.D. card, so write it as appears in your passport.)

		ars in your passport.) in Chinese Character)		1	,	
	姓 Family Name			rst Name			
名					The state of the s		
	カナ氏名(Name in	Katakana)					7
シメイ	姓 Family Name		名 Fin	rst Name			_
英字	氏名(Name in En	glish)					
	姓 Family Name						
z	名 Given Name				***************************************		
NAM	名 Given Name						
H	7 18 0 28 1 AC: 11	1)					
	ミドルネーム Midd	le Name(s)					
	· =	£.1					
	i属大学・学部・学 (University)	学部(Facult)		学到 (D	epartment)	
八子	(Oniversity)	子即 (Facult	,y)		于作(D	epartment/	
② E	籍・生年月日・年	보스 _ 사는 다리					
③ 国 国	籍(Nationality)	ます・1生かり 生年月日(Date of Bi	rth)	年齢(A	ge)	性 別 (Sex)	
	*H (I'tationality)	年 月	日生	т др (11		男 (Male)	
		Year Month			歳	女 (Female)	
④ 本	国における住所(F		Day			y (Foliato)	
(a							
TE	г.		FAX.				
e-ma			17171.		-		
1000 000000	祖						
-		tus)配偶者氏名(Na	me of Spo	ouse)			
	先婚 (Married)	Hall 1 Have 1 (2)	mo or apo	, 1100)			
	未婚 (Single)						
	i親 (Parents)						
父親日	氏名					三齢	
7.00	ner's Name in full)	<u> </u>			[(Age)	
	業(詳細に) ipation and Position	n) Be Specific					
母親足	-				4	三	
	her's Name in full)				(.	Age)	
職	業 (詳細に)	a) Bo Specific					

⑦ 学歷 (Educational Background: From Primary School)

学 校 名	住所(詳細に)	期間	(Period)	年 数
(Name of School)	(Address) Be Specific	自(From)	至(To)	(Period of Attendance)
				年
				Year(s)
				年
				Year(s)
				年
				Year(s)
				年
				Year(s)
				年
				Year(s)
				年
				Year(s)

⑧ 日本語学習歴(Japanese Language Educational Background)

学 校 名 (Name of School)	所在地 (Location)	期 間 (Period)		年数 (Period of	週 の 学習時間	
		自(From)	至(To)	Attendance)	(Hours/Week)	
				年		
				Year(s)		
				年		
				Year(s)		

⑨ 職歴: 兵役を含む (Employment Record including Military Service)

勤務先名称および所在地 (Name and Address of Employer)	職務内容 (Type of Work)	職務上の地位	期 間 (Period)		
		(Position)	自(From)	至(To)	

⑩ 出入国暦 (Entry and Departure Record)

	operator zerocozes		
入国年月日 (Entry Date)	出国年月日 (Departure Date)	在留資格 (Status)	入国目的 (Entry Purpose)
*			

さらに出入国暦がある場合はいかに記入して下さい。	(If you have visited Japan more than 5 times
give us the above information by filling in the below	7.)

			·関心事·聴講希望		
Study	Period, subject,	, field of study a	and interests in Re	itaku Universi	ty)
]半年	(Half year)	年 year	月 month~	年 year	月 month
1年	(One year)	年 year	月 month~	年 year	月 month
	010-XXII-XXI				
			-		
IN L		N.) /T.L		12.1	1
以上の)通り相違ありま	せん。(I hereby	v declare that the s	statement is tru	ue and correct.)
以上0		せん。(I hereby 日 付 (Date)	y declare that the s	statement is tru	ue and correct.)
以上0		日 付 (Date) 志願者氏名		statement is tru	ue and correct.)
以上6		日付 (Date)	icant)	statement is tru	ue and correct.)



誓約書(PLEDGE)

Date:	年	月 月	
Year	Month	Day	

麗澤大学 学長 中山 理 殿

私は麗澤大学特別聴講生として、次のことを誓います。

- 1. 本学の学則と規定を守ること。
- 2. 日本国の法律と規則を尊重して、それに従い、決して社会秩序を乱さないこと。
- 3. 日本の習慣を尊重すること。
- 4. 本学または本学関係者に金銭貸借上の迷惑をかけないこと。
- もし故意または不注意によって、上記いずれかの事項を犯した場合は、退学、帰国を命ぜられても何等異存はありません。

I, as a special student of Reitaku University, hereby give my pledge:

- 1. To obey the regulations and rules of the University;
- 2. To respect and observe the laws and regulations of Japan, and in no way disturb social order;
- 3. To respect customs of the country;
- 4. Not to cause the University or anyone connected therewith to get involved in financial obligations incurred by me;
- If, either by design or by negligence, I fail in any of these matters, I will have no objection to being made to leave the University and the country.

現住所		
Address		
氏 名	署名	
Name	Signature	



健康診断書

HEALTH CERTIFICATE

Name in full 食作mib) 名(First) (Middle) Male Female Date of Bit III: Year Month Day Age 現住所: 日報: 日本	氏名:				□男	□女	生年月日		/	/	年齢	歳		
Nationality 以下は、医師により日本語または英語で記入されること。(ロにチェック(区、または必要事項を記入) The following must be completed by the examining physician either in Japanese or English. Check appropriate boxestri or give necessary information. 1. 身体検査 Physical Examinations 身長 Height:	Name in				Male	Female	Date of Birth:	Year			5			
以下は、医師により日本語または英語で記入されること。(□にチェック(図、または必要事項を記入) The following must be completed by the exemining physician either in Japanese or English. Check appropriate boxes/IZ or give necessary information. 1. 身体検査 Physical Examinations 身長 Height: cm 体重 Weight: kg 脈拍 Pulse □regular □irregular 血圧 Blood Pressure: mmHg 2. 胸部 X 線検査の結果を記入して下さい(6ヶ月以上前の検査は無効)。 Please describe the results of physical and X-ray examinations of applicant's chest X-ray taken more than 6 months prior to the certification is NOT valid. 撮影年月日 Date of Examination (Year/Month/Day): Fi Im No Problems in altendance at School Discovers of Disorders: Others														
The following must be completed by the examining physician oither in Japanese or English. Check appropriate boxes② or give necessary information. 1. 身体検査 Physical Examinations 身長 Height:		resont address												
1. 身体検査 Physical Examinations 身長 Height: cm 体重 Weight kg 脈拍 Pulse □regular □Irregular ・加圧 Blood Pressure: mmHg 2. 胸部 X線検査の結果を記入して下さい(6ヶ月以上前の検査は無効)。 Please describe the results of physical and X-ray examinations of applicant's chest X-ray taken more than 6 months prior to the certification is NOT valid. 提影年月日 Data of Examination (Year/Month/Day): Film No Film No Film No											sary information.	ĭ		
身長 Height: cm 体重 Weight: kg 脈拍 Pulse □regular □irregular □ire Blood Pressure: mmHg 2				10000 W										
Please describe the results of physical and X-ray examinations of applicant's chest X-ray taken more than 6 months prior to the certification is NOT valid. 撮影年月日 Date of Examination (Year/Month/Day):	77. 927. 1945. (NAME OF STREET			脈	拍 Pulse	□regular □irro	egular	血圧 Blood	d Pressure:	mr	nHg		
所見 Describe the findings of chest X-ray: 3. 心身の疾病・障害、または四肢の機能障害 Mental or Physical Diseases or Disorders: 無 No	Ple vali	ase describe t	he results of p	hysical and X-ray ex	amination	ns of applic	cant's chest X-ray t	taken more						
3 . 心身の疾病・障害、または四肢の機能障害 Mental or Physical Diseases or Disorders: □無 No □有 Yes 詳細 If yes, describe in detail. 4 . アレルギーの有無 Allergy: □無 No □有 Yes (□Food □Drug □Others □) 5 . 現在治療中の病気 Diseases under Treatment at Present : □無 No □有 Yes If yes, describe in detail. Name of the Disease □ 6 . 既往歴 Past Diseases not mentioned above : □無 No □有 Yes If yes, describe in detail. Name of the Disease □ 7 . 尿検査 Urinalysis: 蛋白質 Protein (), ブドウ糖 Glucose (), 潜血 Occult blood () 就学上の問題点、校医への申し送り事項 Problems in attendance at school and a message to a medical doctor for Reitaku Univ. 申請者の既往歴、診察・検査の結果から判断して、現在の健康の状況は日本留学に充分耐えうるものと思われますか? In view of the applicant's history and above findings, do you observe his/her health status to be adequate to pursue studies in Japan? □ Yes □No 診断の結果、上記の通りに間違いないことを証明する。 I hereby certify the above diagnosis. 診断年月日 / / 医師氏名 Physician's Name in Print 署名 Signature 検査施設名	撮	影年月日 D	ate of Exami	nation (Year/Mont	h/Day)	:	/		Film	No				
詳細 If yes, describe in detail. 4 、アレルギーの有無 Allergy: □無 No □有 Yes (□Food □Drug □Drug □Others □) 5 、現在治療中の病気 Diseases under Treatment at Present : □無 No □有 Yes If yes, describe in detail. Name of the Disease □無 No □有 Yes If yes, describe in detail. Name of the Disease □無 No □有 Yes If yes, describe in detail. Name of the Disease □ □無 No □有 Yes If yes, describe in detail. Name of the Disease □ □無 No □有 Yes If yes, describe in detail. Name of the Disease □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	所	見 Describe	the findings o	f chest X-ray:										
4.アレルギーの有無 Allergy:□無 No □有 Yes (□Food □Drug □Drug □Others □) 5.現在治療中の病気 Diseases under Treatment at Present :□無 No □有 Yes If yes, describe in detail. Name of the Disease □	3.心	身の疾病・	障害、まれ	たは四肢の機能	章害 ハ	dental or P	hysical Diseases o	or Disorder	rs:□無Ⅰ	No □有	Yes			
5 . 現在治療中の病気 Diseases under Treatment at Present :□無 No □有 Yes If yes, describe in detail. Name of the Disease 6 . 既往歴 Past Diseases not mentioned above :□無 No □有 Yes If yes, describe in detail. Name of the Disease 7 . 尿検査 Urinalysis: 蛋白質 Protein (), ブドウ糖 Glucose (), 潜血 Occult blood () 就学上の問題点、校医への申し送り事項 Problems in attendance at school and a message to a medical doctor for Reitaku Univ. 申請者の既往歴、診察・検査の結果から判断して、現在の健康の状況は日本留学に充分耐えうるものと思われますか? In view of the applicant's history and above findings, do you observe his/her health status to be adequate to pursue studies in Japan? □Yes □No 診断の結果、上記の通りに間違いないことを証明する。I hereby certify the above diagnosis. 診断年月日 / / 医師氏名 Date of Examination Year Month Day Physician's Name in Print 署名 Signature 検査施設名	詳	細 If yes, de	scribe in deta	il										
If yes, describe in detail. Name of the Disease 6 . 既往歴 Past Diseases not mentioned above : □無 No □有 Yes If yes, describe in detail. Name of the Disease 7 . 尿検査 Urinalysis: 蛋白質 Protein (4 . ア	レルギーの	有無 Allergy	/:□無 No □有	ī Yes	(□Food __		Drug		Others)		
6 . 既往歴 Past Diseases not mentioned above : □無 No □有 Yes If yes, describe in detail. Name of the Disease 7 . 尿検査 Urinalysis : 蛋白質 Protein (), ブドウ糖 Glucose (), 潜血 Occult blood () 就学上の問題点、校医への申し送り事項 Problems in attendance at school and a message to a medical doctor for Reitaku Univ. 申請者の既往歴、診察・検査の結果から判断して、現在の健康の状況は日本留学に充分耐えうるものと思われますか? In view of the applicant's history and above findings, do you observe his/her health status to be adequate to pursue studies in Japan? □Yes □No 診断の結果、上記の通りに間違いないことを証明する。I hereby certify the above diagnosis. 診断年月日 / / 医師氏名 Physician's Name in Print 署名 Signature 検査施設名	0 / 200													
If yes, describe in detail. Name of the Disease 7 . 尿検査 Urinalysis: 蛋白質 Protein (lfy	yes, describe i	n detail. Nam	e of the Disease										
If yes, describe in detail. Name of the Disease 7 . 尿検査 Urinalysis: 蛋白質 Protein (6 FF	往歴 Past Di	seases not m	entioned above :	∃無 No	□有、	⁄es							
就学上の問題点、校医への申し送り事項 Problems in attendance at school and a message to a medical doctor for Reitaku Univ. 申請者の既往歴、診察・検査の結果から判断して、現在の健康の状況は日本留学に充分耐えうるものと思われますか? In view of the applicant's history and above findings, do you observe his/her health status to be adequate to pursue studies in Japan? □Yes □No 診断の結果、上記の通りに間違いないことを証明する。I hereby certify the above diagnosis. 診断年月日 / / 医師氏名 Date of Examination Year Month Day Physician's Name in Print 署名 Signature 検査施設名												*****		
就学上の問題点、校医への申し送り事項 Problems in attendance at school and a message to a medical doctor for Reitaku Univ. 申請者の既往歴、診察・検査の結果から判断して、現在の健康の状況は日本留学に充分耐えうるものと思われますか? In view of the applicant's history and above findings, do you observe his/her health status to be adequate to pursue studies in Japan? □Yes □No 診断の結果、上記の通りに間違いないことを証明する。I hereby certify the above diagnosis. 診断年月日 / / 医師氏名 Date of Examination Year Month Day Physician's Name in Print 署名 Signature 検査施設名														
申請者の既往歴、診察・検査の結果から判断して、現在の健康の状況は日本留学に充分耐えうるものと思われますか? In view of the applicant's history and above findings, do you observe his/her health status to be adequate to pursue studies in Japan? 「Yes □No 診断の結果、上記の通りに間違いないことを証明する。I hereby certify the above diagnosis. 診断年月日 / / 医師氏名 Date of Examination Year Month Day Physician's Name in Print 署名 Signature 検査施設名	20	78 66 365X		55 995			20							
In view of the applicant's history and above findings, do you observe his/her health status to be adequate to pursue studies in Japan? Yes	就学	上の問題点	、校医への	の申し送り事項	Proble	ms in atter	dance at school a	nd a mess	age to a me	dical docto	r for Reitaku Ur	niv.		
□Yes □No 診断の結果、上記の通りに間違いないことを証明する。I hereby certify the above diagnosis. 診断年月日 / / 医師氏名 Date of Examination Year Month Day Physician's Name in Print 署名 Signature 検査施設名	申請	者の既往歴、	診察・検査	の結果から判断し	って、現	在の健康	の状況は日本貿	留学に充分	分耐えうる	ものと思	われますか?			
診断の結果、上記の通りに間違いないことを証明する。I hereby certify the above diagnosis. 診断年月日 / / 医師氏名 Date of Examination Year Month Day Physician's Name in Print 署名 Signature 検査施設名	In v			and above findings,	do you o	bserve his	/her health status	to be adec	quate to pur	sue studies	in Japan?			
診断年月日 / / 医師氏名 Date of Examination Year Month Day Physician's Name in Print 署名 Signature 検査施設名					. ====n				Control Management					
Date of Examination Year Month Day Physician's Name in Print署名 Signature 检查施設名	診断の	結果、上記	の通りに	間違いないこと	を証明で	する。II	nereby certify f	the abov	ve diagno	SIS.				
Date of Examination Year Month Day Physician's Name in Print署名 Signature 检查施設名	是人 以仁 左	- -	. 1	,	座	こう こうしゅう こうしゅう かいしゅう かいしゅう かいしゅう かいしゅう かいしゅう かいしゅう かいしゅう かいしゅう しゅうしゅう かいしゅう しゅうしゅう しゅうしゃ しゅうしゃ しゅうしゃ しゅうしゃ しゅうしゃ しゅうしゃ しゅう しゅうしゃ しゃ し								
署名 Signature 検査施設名						***** **** *****			************					
検査施設名	5215304719	240-122021			署:	名								
					10000		on on Heritanian Street EMOTOR ST. P. S.							
Name of the Clinic to Modical Cities														
所在地 Address														



Additional Information about Required Vaccinations

All students are required to show Measles immunity prior to arriving on campus. If immunization records are not available, a physician can order a blood test (titer) to determine immunity. To meet the requirement you need to complete and sign this form and document one of the options below.

Name:	Date of Birth:	_ /		Male	Female
	Year	Month	Day		
Option1: proof and SIGNATURE from a do	ctor/clinic that you have had 2 i	neasles v	vaccines sir	nce 1969, OR	-
Option2: proof and SIGNATURE from a do	ctor/clinic that you have had the	e disease	of measles	s, OR	
Option3: proof and SIGNATURE from a do	ctor/clinic that you have a posit	ive meas	les antibod	y test,	
Option 4. I have received two doors	of MMD or Magalag Vassin				
Option 1- I have received two doses of					
Date of the <u>first</u> immunization:					
Physician's Name signature:					
Address:					
Phone:	Phone:				
· · · · · · · · · · · · · · · · · · ·					
Date of Measles case/diagnosis:					
Date of Measles case/diagnosis: Physician's Name signature: Address:	Phone:				
Physician's Name signature: Address: Option 3- I have had a blood test (Me	Phone: easles Titer), which indicat	es that I	am immui	ne to Measle	
Physician's Name signature: Address: Option 3- I have had a blood test (Mediate of blood test:	Phone: easles Titer), which indicat Result:	es that I	am immui	ne to Measle	es.
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac	easles Titer), which indicat Result:	es that I	am immui	ne to Measle /	es.
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac Physician's Name signature:	easles Titer), which indicat Result: ccination is necessary. Date	es that I	am immui	ne to Measle /	es. /
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac	easles Titer), which indicat Result: ccination is necessary. Date	es that I	am immui	ne to Measle /	es. /
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac Physician's Name signature: Address:	easles Titer), which indicate Result:ccination is necessary. Date Phone:	es that I	am immui	ne to Measle /	es. /
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac Physician's Name signature: Address:	easles Titer), which indicat Result: ccination is necessary. Date	es that I	am immui	ne to Measle /	es. /
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac Physician's Name signature: Address:	easles Titer), which indicate Result:ccination is necessary. Date Phone:	es that I	am immui	ne to Measle /	es. /
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac Physician's Name signature : Address: Please attach a continuous properties of the proof of the pr	easles Titer), which indicat Result: cination is necessary. Date Phone: popy of your immunization re	es that I of vaccir cords. D	am immul	ne to Measle / d originals.	es. /
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac Physician's Name signature: Address:	easles Titer), which indicat Result: cination is necessary. Date Phone: popy of your immunization re	es that I of vaccir cords. D	am immul	ne to Measle / d originals.	es. /
Physician's Name signature: Address: Option 3- I have had a blood test (Me Date of blood test: If negative or no proof of immunity, vac Physician's Name signature : Address: Please attach a continuous properties of the proof of the pr	easles Titer), which indicat Result:ccination is necessary. Date Phone:	es that I of vaccin	am immul	ne to Measle / d originals.	es. /

<注意> 麻疹の検査について

- 1. 始めに血液検査で麻疹の抗体の数値を検査してください。また、検査結果を健康診断 書に添付してください。
- 2. 抗体値が基準に達しない場合は、予防接種を受けてください。<u>その予防接種の証明書を添付してください。</u>

Attention: Measles Examination Requirement

- 1. Please have a blood test for the measles and submit the laboratory result with your health certificate.
- 2. Please have an immunization against measles if your laboratory result doesn't prove you have sufficient antibodies for the measles. Then submit a certificate of your immunization.



2018年度特別聴講生

入寮申込書

Application Form for the Dormitory

年

月

日

							Y	'ear	Month	Day
:学学長 taku Ur	。殿 niv., Pre	sident							写真 p 40mm×i	
学生氏 性	:名 別	Name of App Sex	licant			M			印 Female	_
学生署	名	Applicant's Si	gnatu	re						•
保護者	代名	Parent's Nan	ne						E	<u>D</u>
保護者	署名	Parent's Sign	nature	5						= (
保護者	連絡先	Parent's Add	ress							
		Parent's Pho	ne							
寮の選		Dorm type				8·C Dori				ar)_
寮の寝	具リー	・ス Beddin			dorm Apply	/ 🗆	希望	しない	Not app	oly

入寮を希望する学生は入学手続書類と一緒に麗澤大学国際交流センターへ提出して下さい。 希望の寮に入寮できない場合がありますので、ご了承ください。

If you have an intention to live in the dormitory, please submit this form.

The Residence Hall Office will make every effort to meet your preferences, however please note that you may live in the other dormitory.

Dormitory Pledge

Date:
To the President of Reitaku University
In recognition of the opportunity to live in Reitaku University's residence hall, pledge that: I clearly understand the vision of dormitory life in this university, shall strictly adhere to the dormitory rules and follow the university's instructions should I violate those rules. I shall also study hard and cooperate with other residents to make residence life more comfortable and enjoyable.
Student's Name:
(Last)
Phone Number:
Submit to: Residence Hall Office, Student Support Group, Reitaku University

2-1-1- Hikarigaoka, Kashiwa City, Chiba Prefecture 277-8686

^{*} The name and address of the guarantor (a parent in principle) should be written by the guarantor.

^{*} The information in this form shall be used only for the purposes of this declaration.

Vision and Rules of Dormitory Life at Reitaku University

1) Our Vision and Dormitory Rules

Residence Hall at Reitaku University is designed in accordance with our educational vision—to create an environment of wisdom and high moral education for the sustainable future—and therefore it is a principal facility of our educational system. Residents are, therefore, required to enhance their humanistic self-awareness and to cultivate community life in person-to-person interactions. They are also encouraged to cooperate actively in the running of the dormitory so as to hone their skills in governance and the promotion of harmony, leading to rich self-growth.

The residents are requested to observe dormitory rules such as curfew, and to ensure that everything is kept clean and tidy through self-governance with leaders elected from among residents. All residents are encouraged to join events such as dorm-life orientations, unit meetings, and the cleaning of public areas.

2) Key features of dormitory life

The dormitory has self-governance as its policy and students live there observing its rules under unit leaders selected from among residents. All residents are requested to follow the conditions below, since they are designed to help ensure a pleasant, enjoyable life for everyone.

Meals

In the kitchen spaces there are household appliances including IH cooking stoves that are free for residents to use for everyday cooking. Some additional cooking equipment may need to be purchased personally. The student cafeteria "Hiiragi" (meaning Holly tree) is open for residents, too.

- Smoking cigarettes and drinking alcohol are not permitted in the residence buildings.
- Curfew
 - When going out or staying out, please tell your floor/unit leaders where you are going and the estimated time of

return, and also, when staying out, please submit a notice (using the designated form) to the Dormitory Office.

- The doors to all the dormitories are locked at 12.00 a.m. (midnight). Please make sure that you are back in your residence before this time. The doors are opened at 6.00 a.m.

Visitors

- You cannot have non-residents stay in the dormitory.
- No person of the opposite sex is allowed to enter any dormitory.
- When inviting family members, please report this to the Dormitory Office which will issue an "entry permit to the dormitory".
- Cleaning activity

The common areas such as kitchen, laundry, toilets and shower rooms have to be cleaned by the residents themselves, so please join these activities with your floor leader and your unit leader.

- In cases where residents cause damage to / lose the dormitory's property or facilities, intentionally or otherwise, that person must pay the corresponding maintenance fee whatever it is. So please use the facilities carefully.
- The dormitories are closed during the holiday seasons between semesters, however, you may be allowed to continue to stay in your residence upon request.
- A Guidebook for Dormitory Life

More conditions are listed in this book which will be provided on your arrival. We expect all residents to read it so that they do not violate the rules which may result in them being asked to move out

Reitaku University Global Dormitory

1. Dormitory Life

1) Our Vision and Dormitory Rules

The Reitaku dormitory is designed in accordance with our educational vision —to create an environment of wisdom and high moral education for the sustainable future—and therefore it is a principal facility built up through our educational system. Residents are, therefore, required to increase their humanistic self-awareness and to cultivate community life in person-to-person exchanges. They are also encouraged to cooperate actively with the running of the dormitory so as to hone their skills in governance and the promotion of harmony, leading to their rich self-growth.

The residents are requested to observe dormitory rules such as curfew, and to ensure that everything is kept clean and vibrant through self-governance with leaders elected from among residents. By all means you are welcome to join the corresponding events such as dorm-life orientations, Unit meetings, and the cleaning of public areas. If you wish to move into our dormitory under these conditions, please follow the application process listed below.

2) Residence Facilities

<Residence A · B · C>

Private room	A desk with bookshelf, a chair, a bed with mattress, a wardrobe, an							
	air-conditioner, light fixtures, wireless LAN, window curtains, an							
	indoor laundry pole, a trash can							
Unit	<kitchen> a refrigerator, IH cooking stoves, a micro wave, a cupboard,</kitchen>							
(common a trash can								
area)	<living> a dinning set, a low table, sofas, a TV, an air-conditioner,</living>							
	balcony							
	<lavatory> toilets, a washstand, shower rooms, laundry machines,</lavatory>							
	tumble dryers							
	<entrance> a shoe shelf</entrance>							
Floor	A meeting room, a study room, a storage unit, a bathroom							
(common								
area)								
Residential	A multipurpose hall, A tatami room, a first-aid office, vending							
building	machines, AED, a bike-parking slot							

*Wireless LAN is free to use in the private rooms.

<Residence D>

Private room	A desk, a chair, a bed with mattress, a wardrobe, a commodity box, a				
	bookshelf, a shoe shelf, an air-conditioner, light fixtures, window				
	curtains, a laundry pole, balcony-facing south				
Unit	<kitchen> a refrigerator, IH cooking stoves, a micro-wave, a cupboard,</kitchen>				
(common a dinning set, an air-conditioner, a trash can					
area)					
	<a *only="" female="" residents="" storage="" unit="">				
Floor	<lavatory> toilets, a washstand</lavatory>				
(common	<laundry> laundry machines, tumble dryers (coin operated)</laundry>				
area)	<bathroom> shower rooms, shower rooms with a bath tub</bathroom>				
Residential	A multipurpose hall (only female residents), a lift, vending machines,				
building	AED, a parking slot				

*Wireless LAN is free to use only in a meeting room(1F of the female residence / 2F of the male residence). The net is also available in their private rooms for a charge via "KDDI" at their request.

※For security reasons, residents cannot move to and fro between male (1F~2F) and female floor (3F~5 F).

3) Key features of the dormitory life

Because the dormitory has self-governance as its policy, students live observing its rules under unit leaders selected among residents. All residents are requested to follow some key features below, since they are designed to help ensure a pleasant, enjoyable life for everyone.

Meals

In the kitchen spaces there are some household appliances including IH cooking stoves and they are free to use for your everyday cooking. Some additional cooking equipment may need to be purchased personally. The student cafeteria "Hiragi" is open for residents, too.

 Smoking cigarettes and drinking alcohol are not permitted in the residential buildings.

Curfew

- When going out or staying outside, please tell your floor/unit leaders where you are going and estimated time to come back, and also, when staying outside, please submit a notice using the designated form to the Dormitory Office.
- The doors to all the dormitories are locked at 12.00 a.m. (midnight). Please make sure that you are back in your residence before this time. The doors are opened at 6.00 a.m.

Visitors

- · You cannot have non residents stay inside.
- No person of the opposite sex is allowed to enter any dormitory.
- When inviting family members, please report this to the Dormitory Office which will issue an "entry permit to the dormitory".

Cleaning activity

The common areas such as kitchen, laundry, toilets and shower rooms have to be cleaned up by residents themselves, so please join these activities with your floor leader and your unit leader.

- In cases where residents cause damage to / lose the dormitory's property or facilities, intentionally or otherwise, that person must pay the corresponding maintenance fee whatever it is. So please use the facilities carefully.
- The dormitories are closed during the holiday seasons between semesters, however, you may be allowed to continue your residence upon request.
- A Guidebook for Dormitory Life

More small descriptions are listed in this book which will be provided on your arrival. We expect all residents to read it through so as not to be made to move out by violating its rules.

2. Application for Dormitory Residence

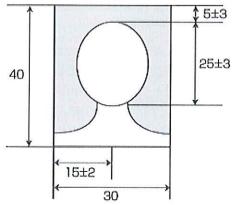
Those who wish to live in the dormitory must submit their "Dormitory Residence Application Form" together with their university admissions documents.

NB: You can state your preference for female Residence A · B, male Residence C, or Residence D (male: 1F~2F / female: 3F~5F). However, rooms may not always be allocated according to your preference.

各種申請・届出には次の規格の写真が必要となります。

You need to submit a photo as specified below when you submit an application or report.

(単位:ミリメートル) (Unit: mm)



- 1. 申請人本人のみが撮影されたもの
- 2. 縁を除いた部分の寸法が、上記図画面の各寸法を満たしたもの(顔の寸法は、頭頂部 (髪を含む。)からあご先まで)
- 3. 無帽で正面を向いたもの
- 4. 背景(影を含む。)がないもの
- 5. 鮮明であるもの
- 6. 提出の日前3か月以内に撮影されたもの
- 1. A photo that shows the applicant him/herself alone.
- 2. A photo of the dimensions specified in the drawing above, excluding the photo's outer border (the dimension of the face refers to the portion from the top of the head [including the hair] to the lower end of the chin).
- 3. The person should face squarely to the front and remove hats, caps or head coverings.
- 4. No background or shadows.
- 5. Must be clear.
- 6. Must be taken within three months prior to submission.

Submitting to: Center for Japanese Language Education, Reitaku University

Application Form for Japanese Course (Offered in the Second Semester, 2018									
Name (Japanese characters):										
Name (Roman alphabet):										
Name of your University:										
Mother Tongue:										
When are you planning to attend to Reita	ku University?									
2 nd Semester 2018 · 1 st Sem	nester 2019									
	(JLPT) N acquired (/180 points) Date:MonthYear (JLPT) N failed (/180 points) Date:MonthYear									
- If you haven't taken JLPT: Hours of le										
♦ Place ○ next to the course you wish to at	tend in 2 nd Semester, 2018 (one of three):									
Course	Wish to attend									
Integrated Course										
Basic (Intensive) Course										
Skills Training Course										
Date:YearMor	nthDay									

Note:

- (1) The course you attend is not guaranteed by this application. It will be determined by the result of a placement test you will take after your arrival to Japan and other factors.
- (2) Students may not attend the Basic (Intensive) Course if it is full after the fixed number of spots are filled by regular students of the university.
- (3) The Japanese course you take in the next semester shall be determined based on evaluation sessions held at the end of your first semester.

日本国政府法務省 Ministry of Justice, Government of Japan

			在			認定 FION FOR CE			申 請 ILITY	書		
	To the Dire	ector General o	of	33,725	国管理局 ijonal lmm	引長 殿 igration Bureau					写	真
			グ難民認定法 合している旨の	第7条の	2の規定	。 ミに基づき, か	- くのとおり同	司法第7条第1	1項第2号	K	Р	hoto
	Pursua	nt to the provis	sions of Article 7-	2 of the In	nmigration	Control and Ref					40mm	× 30mm
1	国 籍·地 Nationality/R		Family name			Character	2	生年月日 Date of birth	<u> </u>	年 Year	月 Month	日 Day
3	氏 名 Name		ramily name			Given name						
4	性 別 Sex	男 · Male / F	女 5 出 emale Pla	生地 ice of birth		v ,,				禺者の有無 tal status	有 · Married /	無 Single
7	職業 Occupation				8 本	国における居 me town/city	住地					
9		ー ける連絡先 apan	千葉県柏市	光ヶ丘	2-1-	1麗澤大学学	生寮					
	電話番号 Telephone N			04-717	3-3690			直話番号 phone No.		な	L	
10	旅券 Passport	(1)番 : Numb					(2)有	効期限 e of expiration		年 Year	月 Month	日 Day
11	入国目6□ Ⅰ「教	り(次のいっ 授」 [「 れか該当する 」 I「教育」		J「芸術	J □ Jſ	Purpose of e 文化活動	ntry: check one of	□K	「宗教」	□ L「執	 !道」
		業内転勤」	"instructor"		"Artist" M「経営 'Business M	宮・管理」	Itural Activitie	□ L「研究	(転勤)」	igious Activities'	"Journ	alist"
	□ N 同		□N∫₺	技術・人	文知識・	国際業務」 anities / Internation	al Services"		「技能」 lled Labor			
	□ N「特力	定活動(研究					興行」 🗆	P「留学」 "Student"	□Q	「研修」 inee"		実習(1号)」 Intern Training(i)
	□ R「家	族滞在」		R「特	定活動(研究活動等家 Dependent of Research	₹族)			□ R「特	定活動(EPA	
	"Spouse	本人の配像 or Child of Japa	nese National*		T「永住 Spouse or	者の配偶者等 Child of Permanen	学」 t Resident"	☐ T["Lon	定住者」 ng Term Resid			55 5570
4.00	"Highly S	専門職(1년 killed Professio	nal(i)(a)"	"High	nly Skilled P	職(1号口)」 rofessional(i)(b)"			門職(1号) d Professiona		☐ U [> Others	7 (N-3)
	入国予定 Date of entr	у	20118	E 9	月 Month	日 Day	Po	.陸予定港 ort of entry	成田			
14	滞在予知 Intended ler							伴者の有無 ccompanying perso	ons, if any	有・無 Yes / No		
16	查証申請 Intended pla	骨予定地 ice to apply for v	risa									
17		nto / departure f		有· Yes /								
	(上記で 回数	『有』を選択し	直近位	の出入国	国歴	e answer is "Yes") 年	J			年	月	日
18		由とする処	ne(s) The late 分を受けたこ	st entry fro との有無	-	Year 国外における		nth Day		Year an / overseas)	Month	
	Yes (De) .	無 No
19	Departure b	y deportation /d				有·無 Yes / No		Amarica.		. Acces		-
212	(Fill in th		en the answer is "Y	es")	回数 	田 time(s)	直近の送 The latest de	速歴 parture by deporta	ition	年 Year	月 Month	⊟ Day
20			L偶者・子・兄ら other, Spouse, Son				o-residents				在留カー	NAS-EL
	続 柄		氏 名 Name	- 1	年月日	国籍·地域 Nationality/Region	同居予知 Intended to resi	de Diago el	务先·通学		特別永住者記 Residence ca	正明書番号
- IX	elationship		Name	Ua	te of birth	Transmanty/Region	with applicant or	え	f employment/	Sp Sp	ecial Permanent Resid	lent Certificate number
							Yes / No はいいい Yes / No	え				
							はいいい Yes / No	え				
							はいいい Yes / No	え				
	Regarding	item 20, if there is	不足する場合は別 s not enough space in u are not required to f	the given co	olumns to writ	e in all of your family	in Japan, fill in	and attach a separat		きです。		

For	r applicant, part 2 P ("Student")	F	or certificate of eligib	ility
21	1 通学先 Place of study			
	(1)名 称 麗澤大学			
	Name of school			
	工業場が111カクロブニニ	活番号 ephone No	04-7173-3690)
22		年		
	Total period of education (from elementary school to last institution of education)	Yea	ars	
23	(1)在籍状况 □ 卒業 ■ 在学中 □ 休学中 Registered enrollment Graduated In school Temporary al □ 大学院(博士) □ 大学院(修士) □ 大学 Doctor Master Bachelor	□ 中退	wal □ 専門学서 College of t	
	(2)学校名 (3)卒業又は卒業見込み		年	月
	Name of the school Date of graduation or expected g		Year	Month
24	Japanese language ability (Fill in the followings when the applicant plans to study at adv (except Japanese language)) □ 試験による証明 Proof based on a Japanese language test	vanced vocational sch		ool
	□ 日本語教育を受けた教育機関及び期間 Organization and period to	have received Japan	ese language educati	ion
	機関名	,	J0	
	Organization			
	期間: 年 月 から	年	月まで	
	Period from Year Month to	Year	<u>Month</u>	
	□ その他 Others			
25	Japanese education history (Fill in the followings when the applicant plans to study in hig 日本語の教育又は日本語による教育を受けた教育機関及び期 Organization and period to have received Japanese language education / received educ 機関名 Organization	間 cation by Japanese lar		
	期間: 年 月 から Period from Year Month to	年 Year	月 まで Month	
26	(1)支弁方法及び月平均支弁額 Method of support and an amount of sup □ 本人負担 円 □ 在外紹 Self Yen Supporte		age)	円 Yen 円 Yen
	The state of the s	らの送金		円
		ces from abroad		Yen
	(携行者 携行時期) □ その他		——
	Name of the individual Date and time of	Others		Yen
	carrying cash (3)経費支弁者 Supporter ①氏 名 Name			
	②住 所	電話番号		
	Address	Telephone No.		
	③職業 (勤務先の名称) Occupation (place of employment)	電話番号 Telephone No.		•
	④年 収 円	receptions no.		
	Annual income Yen			

For applicant, part 3 P ("Student")

For certificate of eligibility

	(4)申請人との関係 (上記(1)で在外経費支弁者負担又	は在日	経費支弁者負担を選択した場合に記入)
	Relationship with the applicant (Check one of the followings whe	en your	answer to the question 26(1) is supporter living abroad or Japan)
	口夫 口妻 口父 口母 口祖父	2	□ 祖母 □ 養父 □ 養母
	Husband Wife Father Mother Grand	dfather	Grandmother Foster father Foster mother
	□ 兄弟姉妹 □ 叔父(伯父)・叔母(伯	母)	□ 受入教育機関 □ 友人·知人
	Brother / Sister Uncle / Aunt		Educational institution Friend / Acquaintance
	□ 友人・知人の親族 □ 取引関係者・	現地:	企業等職員
	Relative of friend / acquaintance Business connection	on / Per	sonnel of local enterprise
	□ 取引関係者・現地企業等職員の親族		□ その他()
	Relative of business connection / personnel of local enterpr	rise	Others
	(5)奨学金支給機関 (上記(1)で奨学金を選択した	と場合	たに記入)
	Organization which provide scholarship (Check one of the follow		
	□ 外国政府 □ 日本国政府 □ 廿	地方な	公共団体
		ocal go	vernment
	□ 公益社団法人又は公益財団法人() □ その他()
	Public interest incorporated association /		Others
	Public interest incorporated foundation		
27	卒業後の予定 Plans after graduation	10 100	
	■帰国□日本での近	Francis III	
	•	of highe	er education in Japan
	□日本での就職□その他()
00	Find work in Japan Others 本邦における申請人の監護人(通学先が中学校	¢ Δ 14	- 小学技の担合に記す)
28	本的における中間人の監護人(通子元が中子仪 Actual guardian in Japan (Fill in the following if the applicant is to		
	(1)氏 名		本人との関係
	Name	(2)	Relationship with the applicant
	(3)住 所		
	Address		
	電話番号		携帯電話番号
	Telephone No.		Cellular Phone No.
29	申請人, 法定代理人, 法第7条の2第2項に規定	 三する	代理人
	Applicant, legal representative or the authorized representative, pre-		and the second s
	(1)氏 名		本人との関係
	Name		Relationship with the applicant
	(3)住 所		
	Address		推世帝 <u></u> 至 平
	電話番号 Telephone No.		携帯電話番号 Cellular Phone No.
	以上の記載内容は事実と相違ありません。 申請人(代理人)の署名/申請書作成年月		I hereby declare that the statement given above is true and correct. Signature of the applicant (representative) / Date of filling in this form
	中前人(八姓人)の者名/甲胡青作成年月[THE REPORT OF THE PROPERTY OF
			年 月 日
			Year Month Day
ì			合,申請人(代理人)が変更箇所を訂正し,署名すること。
At			eation form up until submission of this application, the applicant
	(representative) must correct the part concerned and sign th	neir nan	ne.
※	取次者 Agent or other authorized person		
	(1)氏名 (2)住 所		
	Name Address	-	伊式亚日 Talantara Na
	(3)所属機関等 Organization to which the agent belongs		電話番号 Telephone No.

家族 (Family)

同居している家族全員について以下に記入して下さい。

Please fill out about your entire family members who live with you below.

住所 Address				
職業 Occupation				
生年月日 Date of Birth				
氏名 Name				
続柄 Relationship				

この書類は入国管理局に提出しますので、正確に記入して下さい。

Please fill out this document exactly because we will submit this to the Immigration Bureau.