JOY/J
Junior Year Overseas at Yokohama National University
Program for Academic Exchange
Application Packet 2012

Applicants to the Junior Year Overseas at Yokohama National University (JOY/J) Program should submit the following. We will not be able to accept incomplete or late applications. Please note that only students who will be enrolled at, and who will return to complete studies at a university that has signed a student exchange agreement with Yokohama National University for the duration of their study period are eligible to apply.

The following forms need to be submitted before the application deadline:

A. Included in this packet
- Junior Year Overseas at Yokohama National University Program for Academic Exchange (JOY/J) Application Form
- Confidential Reference Form
- Japanese Language Background Sheet
- Certificate of Enrollment of the Applicant for JASSO International Student Scholarship for Short-term Study in Japan
  *Please fill this out even if you are not applying for the JASSO Scholarship
  *Your “Expected Date of Completion/Graduation” must be after the date you leave Japan after completion of the JOY/J program. Please remember that after this date, you will lose your student status in the JOY/J program and will no longer be able to stay in Japan on your student visa.
- Personal Data Sheet
- Financial Information Sheet
- Statement of Purpose
- Contract

B. Not included in this packet
- Certificate of Enrollment (or other document from your university certifying your student status. Should contain following information: Your name, University name, Date of admission, Planned date of graduation (This needs to be after the date you leave Japan after completion of the JOY/J program.)
- Japanese Language Proficiency Test score (Level 2 or higher)
- A current and official academic transcript
- Four identical photos (3.5x4.5cm), one of which should be attached to the “JOY/J Program Application Form.” Please print your name on the back of the photos. No hats or sunglasses.
- Copy of passport (Please send as soon as possible.)
- Bank Statement (In English)

Please submit the Health Certificate (p.13) after notification of admission. Your health exam must be within 6 months of your arrival date.

The application deadline is December 10, 2010 for Spring Semester beginning in April 2011 and April 10, 2011 for Fall Semester beginning in October 2011. Applications should be addressed to:

Short-term Exchange Student Section
Student Exchange Division, International Student Center
Yokohama National University
79-1 Tokiwadai, Hodogaya-ku
Yokohama, 240-8501, Japan

1 Your passport must have at least three months validity beyond the requested period of stay in Japan.
Application Form

※Please TYPE or PRINT all information in Roman letters and Arabic numerals.

1. Name: ______________________ / ____________________ / ____________________
   (Surname) (First Name) (Middle Name)
   (If you have Chinese characters (漢字) for your name, or know the katakana, please write below:
   __________________________________________________________)

2. Sex: Male/ Female

3. Date of birth: ____________________ / ____________________ / ____________________
   (Year) (Month) (Day)

4. Marital status: Single / Married

5. Nationality (The country issuing your passport): ________________________________

6. Mailing address (Please print clearly as we may be mailing you important documents to this address)
   __________________________________________________________
   __________________________________________________________
   Address for correspondence:
   E-mail (Please print clearly as we will be contacting you through this account): ____________________
   Telephone: ____________________ Fax Number: ____________________

7. Home university: ________________________________
   Major field: ________________________________
   Year of study: Undergraduate 1st □ 2nd □ 3rd □ 4th □ Graduate 1st □ 2nd □

Please circle desired faculty of affiliation at Yokohama National University. Please choose carefully as this will
affect the availability of courses you can take for credit:

Education and Human Sciences  Economics  Business Management  Engineering

8. Planned period of enrollment at Yokohama National University. Check one. Please note that it will not be
possible to change your period of enrollment after the application deadline.

□ Fall Semester only (October to March)
□ Fall and Spring semesters (October to August)
□ Spring Semester only (April to August)
□ Spring and Fall semesters (April to March)
9. The JASSO (Japan Student Services Association) Scholarship is a competitive scholarship which consists of monthly stipends of 80,000 yen.

--Only students who are certain to attend the JOY program upon acceptance are eligible to apply.

--Although we will be able to place all students in dormitory rooms in most cases, in the case that there is a shortage of available dormitory rooms, there is a slight possibility that students receiving the JASSO scholarship will need to find accommodation on their own outside of YNU dormitories.

--Students receiving another scholarship exceeding 80,000 yen per month will not be eligible to receive the JASSO scholarship.

--JASSO recipients who do not successfully complete the program or who do not return to their home university upon completion of the program may need to return their stipends and allowance.

If you will be receiving financial support during your stay in Japan, please note the source of support and amount: ____________________________

Please check here □ if you would like to be considered for the JASSO scholarship.

* If you check above and later decide not to attend the JOY/J Program, this may reduce the number of scholarships for the JOY/J Program and adversely affect future prospects of students from your university receiving this scholarship.

Please check A or B below:

A. □ I would like to attend the JOY/J Program regardless of whether or not I receive the JASSO Scholarship.

B. □ Without the JASSO Scholarship, I will not be able to attend the JOY/J Program.

* Please note that if you check B. and your application for the JASSO Scholarship is not accepted, your JOY/J application will automatically be cancelled.
Confidential Reference Form

To be filled out by a faculty or staff member at the applicant's home institution with sufficient knowledge of the applicant.

Name of Applicant: ______________________________________________________

1. How long have you known the applicant? In what capacity?

2. Please rate the applicant in comparison with other students at the same level in the following areas, using the ratings 4, 3, 2, 1 and NB.

4 = outstanding  3 = good  2 = average  1 = below average  NB = no basis for judgment

   a) Academic ability ____  b) Maturity ____
   c) Motivation & Diligence ____  d) Ability to cooperate with others ____

3. Please give your candid opinion regarding the applicant's academic/professional performance, character and adaptability.

4. Please circle the appropriate terms.

   1) In terms of academic ability, I recommend this candidate:
   strongly  fairly strongly  with reservations  not at all

   2) In terms of character, I recommend this candidate:
   strongly  fairly strongly  with reservations  not at all

Signature:______________________________ Date: ___________________________

Name (please print) ________________________ Title or Position:________________

Address: ______________________________________________________________

______________________________________________________________________

Telephone: ________________________ Fax Number: _________________________

After completing this form, please seal it in an envelope, place your signature over the seal, and return it to the applicant. Unsealed recommendations will be considered invalid.
Japanese Language Background Sheet

Name: ____________________________________________

Home University: __________________________________

1. Do you intend to take Japanese language courses at Yokohama National University?  YES  NO
2. Have you studied Japanese language at your home university?  YES  NO
3. If you answered NO to question number 2, have you studied Japanese language elsewhere?  YES  NO
4. If you answered YES to question number 3, please elaborate: ____________________________________________

5. Language Proficiency
   a. List the languages in which you are proficient:

<table>
<thead>
<tr>
<th>Language (Native tongue first)</th>
<th>Level of proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>excellent</td>
</tr>
<tr>
<td></td>
<td>good</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
</tr>
</tbody>
</table>

   b. If your native tongue is not English and the language of instruction at your university is not English, please provide proof of English ability such as a TOEFL score or an affidavit of an English instructor at your university.

If you answered YES to questions number 1 and 2, please have your Japanese language professor complete the following information.

To the Japanese professor completing this form: In order for us to have an idea of your student’s Japanese language ability, please give as complete information as possible below.

Background information

I. Japanese language experience (Most recent course first)

1) Course title: __________________________ Final course grade _______
   Number of classes per week __________ (Class period: ______ min.)
   Text books: _______________________________________________________
   Lessons covered in class (Lesson _____ to Lesson _____)

2) Course title: __________________________ Final course grade _______
   Number of classes per week __________ (Class period: ______ min.)
   Text books: _______________________________________________________
   Lessons covered in class (Lesson _____ to Lesson _____)

3) Course title: __________________________ Final course grade _______
   Number of classes per week __________ (Class period: ______ min.)
   Text books: _______________________________________________________
   Lessons covered in class (Lesson _____ to Lesson _____)
II. Additional information on the most recent course

<table>
<thead>
<tr>
<th>Course grade:</th>
<th>Letter Grade:</th>
<th>Percentage mark:</th>
</tr>
</thead>
</table>

Please indicate the student's percentile ranking by circling one of the following:
- Top 2%
- Top 5%
- Top 10%
- Top 40%
- Bottom 50%
- Bottom 15%

**Assessment:**

Please outline the number and length of written assignment, examinations, etc.

Please comment on the student's class participation, strength, weakness, personality, attitude, etc.:

Please specify, if any, assignments you gave to your student while participating in the exchange program.

Any additional information would be greatly appreciated. If available, please attach relevant documents on your Japanese language program.

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**Name:** __________________________  **Title:** __________________________

**Institution:** _____________________  **E-mail address:** ____________ **Date:** ____________
留学生交流支援制度(短期受入れ)候補者在籍証明書
Certificate of Enrollment of the Applicant for
Student Exchange Support Program (Scholarship for Short-Term Study in Japan)

<table>
<thead>
<tr>
<th>申请者氏名</th>
<th>Name of applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>在籍大学名</td>
<td>Name of institution</td>
</tr>
<tr>
<td>在籍学部/研究科</td>
<td>Faculty / School</td>
</tr>
<tr>
<td>在籍課程/学年*1</td>
<td>Course / Grade (School year) *1</td>
</tr>
<tr>
<td>卒業/修了予定年月*2</td>
<td>Expected date of completion / graduation*2</td>
</tr>
<tr>
<td>取得予定学位</td>
<td>Degree to be awarded</td>
</tr>
<tr>
<td>留学先大学名</td>
<td>Host institution in JAPAN</td>
</tr>
<tr>
<td>提出年月日</td>
<td>Date Year Month Day</td>
</tr>
</tbody>
</table>

*1 申請時の学年を記入してください。
*1 Please fill in the school year at the time of application.
*2 日本に短期留学した場合の卒業/修了年月日を記入してください。
*2 Expected date of completion / graduation should include the period of study in Japan.

氏名 Name
職名 Title
署名 Signature

注：申請者の在籍大学の責任者が記入してください。
Note: The authorized person of the applicant's home institution should fill out this form.

※ 御記入いただいた情報は、奨学金支給業務のため利用されます。また、行政機関及び公益法人等から奨学金の重複受給の防止等のために
塗意があった場合は、適正な範囲内においてこの情報が必要に応じて提携されます。
Information submitted here will only be used to the extent of this Program. However, this information, when deemed appropriate, may be
presented to administrative institutions and public-service organizations upon request to prevent disbursement of multiple scholarships to a
single recipient.
1. Name ___________________________  ___________________________  
Family Name  Given name(s)  
2. Nationality ___________________________  3. Sex  Male □  Female □  
4. Date of Birth  /  /  
Year  Month  Date  
5. Place of Birth a) County  b) State  c) City/Town  
6. Marital Status  Married □  Single □  
7. Passport Information  
   a. Number  
   b. Date of Issue  /  /  
       Year  Month  Date  
   c. Date of Expiration  /  /  
       Year  Month  Date  
   d. Issuing Authority  
8. Intended Length of Stay in Japan  
9. Accompanying persons, if any  
10. Nearest Japanese Embassy/Consulate  
11. Past entry into Japan Yes □  time(s) Dates:  No □  
12. Criminal record (if any)  
13. Past deportations (if any)  
14. Family in Japan  
<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Date of Birth</th>
<th>Nationality</th>
<th>Plan to reside with?</th>
<th>Occupation</th>
<th>Status of Residence/Period of stay</th>
</tr>
</thead>
</table>
15. Total period of education  <Number of years in school from elementary school to present>  
   ________________ Years  
16. Expected date of graduation from university  
17. List any academic honors, awards, or scholarships you have received  

______________________________

2  Your passport must have at least three months validity beyond the requested period of stay in Japan.
18. Work experience (if any)

19. If you have been treated for any physical or mental disorders, please detail below.

20. If you have any allergies to foods, plants, or animals, please detail below.

21. If you have any adverse reactions to medication, please detail below.

22. If you are taking any prescription medication now, please detail below.

23. Planned port of entry (Circle one): Narita / Haneda
Financial Information Sheet

To be filled out by the individual providing financial support to student while in Japan.

Please attach a bank statement in English that shows current balance. The bank statement must show sufficient funds for completion of the program. Minimum living expenses in Yokohama are approximately 80,000 yen per month.

If you are on a scholarship or are receiving a student loan, please attach a certificate which shows the amount of financial support to be received.

1. Name of person providing financial support: ________________________________

2. Relationship to student: ____________________________

3. Address: ____________________________________________

4. Phone Number: ____________________________

5. Employment (Institution name): ____________________________

6. Annual Income: _______________ Yen

7. Planned monthly remittance to student (if 1. is other than self) : _______________ Yen

8. Total amount of funds available for duration of study (7. x number of months in Japan): _______________ Yen

Signature: ________________________________

Date: ________________________________
Statement of Purpose

Please answer both 1 (Statement of Purpose) and 2 (Research Project Proposal). Each essay should be approximately one page double-spaced, typed.

日本語で書いてください。

1. Explain why you chose to apply to the JOY/J Program and what you wish to accomplish during your stay in Yokohama

2. JOY/J students will be required to undertake a research project each semester as part of their academic program. This entails completing a research paper on a topic that relates to “Japan,” broadly defined, and which includes an international (interactive or comparative) perspective, most commonly relating to your native country. Please write a project proposal which includes a tentative title, possible sources and approaches, and why the topic is of interest to you.
I, ____________________________, upon being admitted to the Junior Year Overseas at Yokohama National University Program for Academic Exchange hereby agree to obey the laws of Japan and the regulations laid down by the Japanese government concerning the conduct of students coming from abroad.

I am fully aware that a violation of these laws and regulations may result in my expulsion from the University, arrest, and deportation from the country. I do not hold the University responsible for my personal conduct nor for my personal debts nor for fines imposed on me for violations of laws and regulations.

I am also fully aware that unsatisfactory academic performance or a violation of rules and regulations of Yokohama National University may result in my expulsion from the University and deportation from the country.

If assigned to a dormitory room, I will accept to live in my assigned dormitory room.

I agree to abide by university regulations in purchasing two types of insurance once in Japan: The Japanese government’s National Health Insurance (NHI); and Foreign Students Studying in Japan Rescuer’s Expense Insurance. (You will be required to purchase these two policies regardless of insurance you purchase in your home country.)

- The Japanese government’s National Health Insurance (NHI): The cost is approximately ¥14,000 per year.

Applicant’s signature: ____________________________ Date: _________
Health Certificate

Name: ___________________________ Nationality: ___________________________

Surnames (Family Name) • Given Names (Given Name) • Middle Names

Date of Birth: __/__/______ Age: _______ Sex: Male Female

Year (Year) • Month (Month) • Day (Day)

Present Address: __________________________ Phone: __________________________

Height: ______________ cm Weight: ______________ kg

Vision: Right: __________________________ Left: __________________________

Hearing: Right: Normal Impaired / Serious Moderate Mild

Left: Normal Impaired / Serious Moderate Mild

Chest X-ray Examination (required): Date of Examination: ____________

(You do not need to send the X-ray photograph) Year (Year) • Month (Month) • Day (Day)

Findings: __________________________

Past Illness: No Yes: __________________________

Present Illness: No Yes: __________________________

Hospital/Clinic: __________________________

Physician’s Name: __________________________

Signature/Seal: __________________________

Address: __________________________