

Application For

Asian Youth Fellowship Program

INSTRUCTIONS (記入上の注意)

1. Application should be typewritten or written in Roman letters. (記入はタイプ又は楷書とすること。)
2. Numbers should be in Arabic figures. (数字は算用数字を用いること。)
3. Year should be written in the Anno Domini system. (年号は全て西暦とすること。)
4. Proper Nouns should be written in full, and not be abbreviated. (固有名詞は全て正式な名称とし、一切省略しないこと。)

1. **Name in full, in native language** _____, _____ (Sex)
(姓名(自国語)) (Family name) (First name) (Middle name) Male (男)
In Roman block capitals _____, _____ Female (女)
(ローマ字) (Family name) (First name) (Middle name) **(Marriage Status)**
 Single (未婚)
 Married (既婚)
2. **Nationality** _____
(国籍)
3. **Date of birth (生年月日)**
19_____
Year (年) Month(月) Day(日) Age(年齢)
4. **Present Status: with the name of the university attended, or of employer**
(現職(在学大学名または勤務先名まで記入すること。))

5. **Present address and telephone number, facsimile number and/or e-mail address**
(現住所及び電話、ファックス番号またはeメールアドレス)

6. **Permanent address**
(本籍)

7. **Field of study specialized in the past (Be as detailed and concrete as possible.)**
(過去に専攻した専門分野(できるだけ具体的に詳細に書くこと))

Paste your passport photograph taken within the past 6 months. Write your name and nationality in block letters on the back of the photo.

(写真(6×4cm))

-Asian Youth Fellowship Program-
Recommendation Form

Applicant's Name (Print) _____

(Last)

(First)

(Middle)

To the Applicant:

Please indicate your full name above. Give this form and one envelope marked "confidential" addressed to yourself, to the person you have asked to recommend you. Ask this person to place the complete form in the envelope, seal the envelope, sign across the seal, and return the unopened envelope with your application.

To the Applicant and the Recommender:

This recommendation will be used for admission and financial purposes only.

To the Recommender:

Please respond to the following questions. Please type or print. After completing this form, place it in an envelope, seal the envelope, sign across the seal, and return it to the applicant. This recommendation is a required part of the application process; prompt return to the candidate is important. We appreciate your assistance and would like to assure you that your comments will be carefully considered.

Recommender's name: _____

Title and Institution: _____

Address: _____

Telephone & Facsimile: _____

1. During which period of time have you had the most frequent contact with the applicant?
From _____ To _____
2. What was the nature of your relationship?
3. In what areas does the applicant need improved or growth?
4. Please comment on the applicant's interpersonal skills. How well does he or she work within a team?
5. How would you describe the applicant's leadership skills?
6. Please comment on the applicant's degree or self-confidence.
7. Please comment on the applicant's personal character?
8. Please indicate your overall evaluation on the applicant.
9. Please make whatever additional comments you wish about the applicant's potential for graduate (or undergraduate) study in Japan and potential for becoming a responsible, effective person in your country. Additional pages may be attached, and the back page is also available.

Signature _____ Date _____

Questionnaire about experience of learning Japanese language

(Proficiency in Japanese language is NOT required at the time of applying to AYF program. This questionnaire is for course preparation.)

Applicant's name: _____

| | | | | |
|--|---|--|----------------|----------|
| Previous stay in Japan | <input type="checkbox"/> None <input type="checkbox"/> Yes If yes, please fill in the following. Period: _____ (Month) (Year) (Month) (Year) _____ (Month) (Year) (Month) (Year) Purpose: <input type="checkbox"/> Sightseeing <input type="checkbox"/> Study: _____ <input type="checkbox"/> Others: _____ | | | |
| Experience of learning Japanese | <input type="checkbox"/> None <input type="checkbox"/> Yes If yes, fill in the following. | | | |
| | Institution | Period (Month)(Year)~ (Month)(Year) | Hours per week | Textbook |
| | | ~ | | |
| | | ~ | | |
| | | ~ | | |
| Present Proficiency in the Japanese Language | Conversation <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Can make greetings and introduce oneself <input type="checkbox"/> 3 Can converse on a survival level <input type="checkbox"/> 4 Can converse with ease <input type="checkbox"/> 5 Can converse about current social topics. Hiragana/Katakana/Kanji <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Can read Hiragana <input type="checkbox"/> 3 Can read Katakana <input type="checkbox"/> 4 Can read and know the meaning of Kanji Reading <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Can understand simple sentences <input type="checkbox"/> 3 Can understand paragraphs on a basic level <input type="checkbox"/> 4 Can read newspapers/books and understand most of the contents with a dictionary Writing <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Can write simple paragraphs <input type="checkbox"/> 3 Can write a short speech | | | |

19. The university in Japan at which you wish to be enrolled. (希望する大学)

i) Have you any particular university in mind at which you wish to be enrolled? Please circle a) or b).
(入学を希望する大学があるか。下記の該当するものを○で囲むこと。)

a) Yes, I have. (ある)

Please answer ii) below.

(質問 ii)に答えること。)

b) No, I have not. (ない)

ii) If your answer to the above question is "yes", please give the name of the university and explain fully the reasons for your preference below. (入学を希望する大学がある場合には、その大学名及び希望する理由を記せ。)

| Name of university (大学名) | Name of Professor (教官名) | Reasons (希望する理由) | Contact, if any (連絡の有無) |
|-----------------------------|----------------------------|---------------------|----------------------------|
| | | | a) Yes (有) b) No (無) |

Date of application:

(申請年月日)

Applicant's signature:

(申請者署名)

Applicant's name in Roman

block capitals: (申請者氏名)

12. Japanese language background, if any. (日本語の学習歴)

If you have ever studied Japanese or have been in Japan before, please fill in the appendix form.
(日本語の学習歴、もしくは日本への渡航歴がある場合は添付の用紙に記載すること。)

13. Foreign language proficiency: Evaluate your level and fill in with an X where appropriate in the following blanks.
(外国語能力を自己評価のうえ、該当欄にX印を記入すること。)

| | Excellent (優) | Good (良) | Poor (不可) |
|-----------------|------------------|-------------|--------------|
| English (英語) | | | |
| French (仏語) | | | |
| German (独語) | | | |
| Spanish (西語) | | | |

14. Is there anyone in your family who has been awarded or is applying for the Japanese Government Scholarship? If yes, please give his/her name.

(家族の中に国費留学生に採用されている者、もしくは申請中の者があるか。もし、あるならばその者の氏名を記せ。)

Name:

(awarded/applying)

Relationship:

15. Person to be notified in applicant's home country, in case of emergency:

(緊急の際の母国の連絡先)

i) Name in full:

(氏名)

ii) Address: with telephone number and/or e-mail address:

(住所:電話番号及び(又は)e メールアドレスも記入のこと)

iii) Occupation:

(職業)

iv) Relationship

(本人との関係)

16. If you are applying for other scholarship, give sponsor, month, year, amount, etc.

(もし他の奨学金に応募している場合は、その名前、期間、金額等を示せ。)

18. Have you been awarded a Japanese Government (Monbukagakusho) Scholarship in the past? If so, please give the period, the name of the university, etc.

(過去に国費留学生に採用されたことがあるか。あるならば、その期間・受け入れ学校名等を記せ。)

i) Yes, I have. Period:

(ある)

(期間)

University:

(大学)

ii) No, I have not.

(ない)

9. Educational background (学歴)

| | Name and address of school (学校名及び所在地) | Officially required years for graduation (正規の修学年数) | Year and Month of Entrance and Completion (入学及び卒業年月) | Period of schooling you have attended (修学年数) | Diploma of Degree awarded, Major subject (学位・資格、専攻科目) |
|--|--|---|---|---|--|
| Elementary Education (初等教育) Elementary School (小学校) | Name (学校名) Location (所在地) | Yrs (年) | From (入学) To (卒業) | 12Yrs (年) | |
| Secondary Education (中等教育) Lower Secondary School (中学校) | Name (学校名) Location (所在地) | Yrs (年) | From (入学) To (卒業) | Yrs (年) | |
| Upper Secondary School (高等学校) | Name (学校名) Location (所在地) | Yrs (年) | From (入学) To (卒業) | Yrs (年) | |
| Higher Education (高等教育) Undergraduate Level (大学) | Name (学校名) Location (所在地) | Yrs (年) | From (入学) To (卒業) | Yrs (年) | |
| Graduate Level (大学院) | Name (学校名) Location (所在地) | Yrs (年) | From (入学) To (卒業) | Yrs (年) | |
| Total years of schooling mentioned above (以上を通算した全学校教育修学年数) | | Yrs (年) | | Yrs (年) | |

* If the blank spaces above are not sufficient for information required, please attach a separate sheet.
((注)上欄に書ききれない場合には、適当な別紙に記入して添付すること。)

10. Employment Record. Begin with the most recent employment, if applicable. (職歴)

| Name and address of organization (勤務先及び所在地) | Period of Employment (勤務期間) | Position (役職名) | Type of work (職務内容) |
|--|--------------------------------|-------------------|------------------------|
| | From To | | |
| | From To | | |

**11. State the title or subjects of books or papers (including graduation thesis authored by applicant), if any, with the name and address of publisher and the date of publication.
(著作、論文(卒業論文を含む)があればその題名、出版社名、出版年月日、出版場所を記せ。)**

*Accompany this form with a summary of the papers mentioned above. ((注)論文の摘要を添付のこと。)

8.ix) Perspective for your career after finishing the post-graduate studies and coming back to your region.

(帰国後の抱負)

8. iii) (continued)

8. Proposed study plan in Japan

(State, in more than 600 words, the outline of your major field of study and the details of your research proposal. This section will be used as one of the most important reference for selection. Statement must be printed by computer or hand written in block letters. Additional sheets of paper may be attached if necessary.)

(日本での研究計画：この研究計画は、選考の重要な参考となるので、専攻分野の概要と研究計画の詳細を 600 語以上で記入すること。記入はタイプまたは楷書によるものとし、必要な場合は別紙を追加してもよい。)

i) Key words or technical terms of your research topic (Write down up to 5).

(研究テーマのキーワードもしくは専門用語(5 つまで))

1. _____
2. _____
3. _____
4. _____
5. _____

ii) Field of study (専攻分野)

iii) Research proposal in detail (研究計画：詳細に記入すること。)

健康診断書 CERTIFICATE OF HEALTH (to be completed by the examining physician)

日本語又は英語により明瞭に記載すること。
Please fill out (PRINT/TYPE) in Japanese or English.

氏名 Name: _____
 Family name, First name Middle name

男 Male 生年月日 Date of Birth: _____ 年齢 Age: _____
 女 Female

1. 身体検査
Physical Examinations

- (1) 身長 Height _____ cm 体重 Weight _____ kg
- (2) 血圧 Blood pressure _____ mm/Hg ~ _____ mm/Hg 血液型 Blood Type

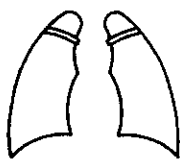
| | | |
|---|---|---|
| A | B | O |
| | | |

 RH

| |
|---|
| + |
| - |

 脈拍 Pulse 整 regular 不整 irregular
- (3) 視力 Eyesight: (R) _____ (L) _____ (R) _____ (L) _____
 裸眼 without glasses 矯正 with glasses or contact lenses 色覚異常の有無 color blindness 正常 normal 異常 impaired
- (4) 聴力 Hearing: 正常 normal 低下 impaired 言語 speech: 正常 normal 異常 impaired

2. 申請者の胸部について、聴診とX線検査の結果を記入してください。X線検査の日付も記入すること（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 (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 lung: 正常 normal 異常 impaired

心臓 Cardiomegaly: 正常 normal 異常 impaired

← Date _____
 Film No. _____

異常がある場合
心電図 Electrocardiograph: 正常 normal 異常 impaired

Describe the condition of applicant's lung.

3. 現在治療中の病気 Disease Treated at Present Yes (Disease: _____) No

4. 既往症 Past history: Please indicate with + or - and fill in the date of recovery

Tuberculosis..... (. . .) Malaria..... (. . .) Other communicable disease..... (. . .)
 Epilepsy..... (. . .) Kidney Disease..... (. . .) Heart Diseases..... (. . .)
 Diabetes..... (. . .) Drug Allergy..... (. . .) Psychosis..... (. . .)
 Functional Disorder in extremities..... (. . .)

5. 検査 Laboratory tests
 検尿 Urinalysis: glucose (), protein (), occult blood ()

赤沈 ESR: _____ mm/Hr, WBC count: _____ /cmm 貧血 anemia
 Hemoglobin: _____ gm/dl, GPT: _____

6. 診断医の印象を述べて下さい。
 Please describe your impression.

7. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか？
 In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan?
 yes no

日付 Date: _____ 署名 Signature: _____

医師氏名 Physician's Name in Print: _____

検査施設名 Office/Institution: _____
 所在地 Address: _____