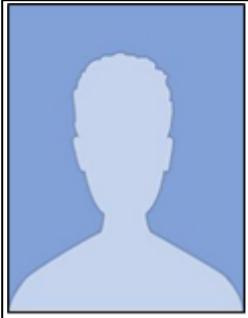


明治大学理工学部 交換留学生志願者票

MEIJI UNIVERSITY, School of Science and Technology

Exchange Student Program Application Form



- <Instructions>
1. Applications should be typed or written in block letters.

2. Do not abbreviate.

3. Please fill in **ALL** sections.

【留学期間 Exchange Period at SST Meiji】

- ☐

2025 Spring Semester (April 2025 – July 2025)
- ☐

2025 Spring Semester & Fall Semester (April 2025 – March 2026)
- ☒

2025 Fall Semester (September 2025 – March 2026)
- ☐

2025 Fall Semester & 2026 Spring Semester (September 2025 – July 2026)

【学生情報 Student Information】

	Family Name 姓	First Name 名	Middle Name ミドルネーム
英字氏名 Name in Alphabet	Smith	James	
カタカナ/ひらがな氏名 Name in Katakana / Hiragana	スミス	ジェームズ	
漢字氏名 Name in Chinese Character			
生年月日 Date of Birth	2001 / 7 / 1 Year Month Date	年齢 Age	性別 Gender
		20	<input checked="" type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
国籍/全ての国籍 Nationality/All Nationalities ※Write all nationalities if you hold multiple citizenship	Australian		
出生地（国・市） Place of Birth (Country&City)	Sydney, Australia		
現住所・連絡先 Present (Mailing) Address Contact Information	Add: 350 Elizabeth St. Sydney NSW 2000 Australia Phone: +61-1-2345-6789 E-mail: jamessmith12345@abc.com		
本籍 Permanent Address Check <input type="checkbox"/> if it is same as above	<input checked="" type="checkbox"/> 上記と同じ Same as above Add: _____ Phone: _____		

【在籍大学 Home Institution】

大学名（漢字） / Name of Your Home Institution (Alphabet)	The University of XXXXX				
学部・学科名/大学院 Faculty / Graduate School	School of Architecture				
専攻 Major	主専攻 : Architecture (Major)		副専攻 : (Minor)		
学年 Year	<input type="checkbox"/> 1 年生 First Year <input type="checkbox"/> 2 年生 Second Year <input checked="" type="checkbox"/> 3 年生 Third Year <input type="checkbox"/> 4 年生 Fourth Year <input type="checkbox"/> 修士 Master <input type="checkbox"/> 博士 Doctoral (2024 年 10 月 1 日現在) As of: Year Month Date				
指導教授 Academic Advisor	氏名 Name	Paul Williams	職格 Position	Professor	
課程の年限 Required years to complete your academic degree in total	4 年/years				
卒業見込み年月日 Expected date of graduation of home institution	2026 / 6 / 15 Year Month Date				

【理工学部における留学内容 Proposed Study at SST Meiji】

志望課程 Proposed Course	<input checked="" type="checkbox"/> 学部課程 Undergraduate <input type="checkbox"/> 修士課程 Master' <input type="checkbox"/> 博士課程 Doctoral
志望学習分野 Proposed Field of Study ※1	Architecture
志望指導教員 Intended Academic Supervisor ※2	Professor YYY

※1 : Please fill out the specific field you wish to study at SST.
(ex. Electronics and Bioinformatics, Architecture)

※2 : Please write the name of supervisor whom you wish to receive instructions for your research.
You can find information of professors from the SST website:
<http://www.meiji.ac.jp/cip/english/undergraduate/science/index.html>

【学歴 Education Records】

	学校名 Name of Institution	所在地 Location (Country/City)	修学年限 Years Attended	入学及び卒業年月 Year and Month of Entrance and Graduation	取得学位 Degree/ Diploma
小学校 Primary School	△△△ Elementary School	Sydney, Australia	6	2010 / 9 ~ 2016 / 6 Year Month Year Month	
中学校 Junior - High School	■■■ Middle School	Sydney, Australia	3	2016 / 9 ~ 2019 / 6 Year Month Year Month	
高校 High School	○○○ High School	Melbourne, Australia	3	2019 / 9 ~ 2022 / 6 Year Month Year Month	High School Diploma
大学 University (Undergraduate)	The University of XXXXX	Sydney, Australia	2	2022 / 9 ~ 2026 / 6 Year Month Year Month	BA expected
大学院 University (Graduate)				/ ~ / Year Month Year Month	
その他 Others				/ ~ / Year Month Year Month	

【日本語学習歴 Record of Japanese Language Study (If applicable)】

学校・機関名 Name of Institution	所在地 Location (Country, City)	期間 Period		総時間数 Total Hours
		From	To	
■■■ Middle School	Sydney, AUS	2019 / 6 Year Month	2019 / 8 Year Month	Approx. <u>360</u> hours
		/ Year Month	/ Year Month	Approx. _____ hours
日本語能力試験 級 (年 月 日取得) Obtained JLPT Level As of: Year Month Date : / /				

【職歴 Employment Record (If applicable)】

勤務先 Name of Organization	所在地 (国・都市) Location	職種・役職 Type of Work/Position	勤務期間 Period of Employment
			/ ~ /
			/ ~ /

【来日歴 Visits or Stay in Japan (If applicable)】

The number of visits in the past : _____ times

※ If you have visited or stayed in Japan more than twice, please fill out the two latest visits.

場所 Place	期間 Period(from/to)	目的 Purpose	その他 Notes for reference
例/Ex) 東京 Tokyo	2018/3/1-2018/3/15	観光 Sightseeing	
Osaka	2020/12/10- 2020/12/20	Sightseeing	

【Student's Signature】

Read the statement below and sign if you agree:

I hereby affirm that all the information provided in this and other application documents is true and correct, and I agree to adhere to the rules of Meiji University upon admission. 私は志願票と他の全ての出願書類に記載の事実と相違がないことを認め、入学後は明治大学の規則に従います。

日付: 2024 / 10 / 1
Date: _____
(Year) (Month) (Date)

申請者署名
Applicant's Signature: (wet signature)

【Home Institution's Signature】

Must be completed by student exchange program coordinator at home institution.

I have reviewed the application and officially nominate (Applicant's Name: James Smith) to your student exchange program under the bilateral agreement. 上記学生を交換留学生として正式に推薦いたします。

大学名
Name of Institution: The University of XXXXX

部署
Department: School of Architecture

役職
Title: Exchange Program Director

名前
Name: Emily White

日付
Date: 2024 / 10 / 4
(Year) (Month) (Date)

署名
Signature: (wet signature)