

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】

☐ 2026 Spring Semester (April 2026—July 2026)

☐ 2026 Spring Semester & Fall Semester (April 2026—March 2027)

☒ 2026 Fall Semester (September 2026—March 2027)

☐ 2026 Fall Semester & 2027 Spring Semester (September 2026—July 2027)

【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 | 2004 / 7 / 1 Year Month Date | 年齢 Age | 20 | 性別 Gender <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 (2025 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 | 2027 / 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: 2025 / 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: 2025 / 10 / 4
(Year) (Month) (Date)

署名
Signature: (wet signature)