高崎経済大学　交換留学生 申請書

TCUE Exchange Student Application Form 2020-2021

**１．申請者情報　Applicant Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 氏名  Name as it appears on your passport |  | ［Family Name］ 　　 　 [First Name] 　　　 [Middle Name] | | | | |
| 英語 Roman block capitals |  | | | | |
| カタカナ  Katakana |  | | | | |
| 漢字Kanji if you have |  | | | | |
| 性別 Sex | 男Male  女Female | | | 国籍 Nationality |  | |
| 生年月日　Date of Birth | DD/MM/YYYY | | | 年齢　Age |  | |
| E-mail |  | | | | | |
| 所属大学  Home University | 大学名　Name of Univ. |  | | | | |
| 学部・学科　Department |  | | | | |
| 入学　Date of Entrance | MM/YYYY | | 学年  Present College year | |  |
| 専攻している専門分野  Context of your specialized study at home university |  | | | | |
| 留学中に履修すべき単位数　Number of required credit that bring back by the student during the exchange program | | | | | |
| あります Yes, I have.　→　必要単位数 Required number of credit/semester ( )  特に単位認定は必要ありません Accreditation credit is not required. | | | | | |
| 健康状態等  Health Conditions, Disability and Special needs | 障害がある場合、または特別なサポートが必要な場合は詳細を記載してください。Do you have any disability or special needs? If yes, please specify. | |  | | | |
| 治療中の病気等があれば、病名、治療期間、処方中の薬名を記載してください。If you are currently under treatment or taking medication, please describe the name of disease, treatment period, medicine name ect. | |  | | | |

**２．緊急時の家族の連絡先　Contact Person of your family member in case of emergency**

|  |  |  |  |
| --- | --- | --- | --- |
| 氏名  Name |  | | 続柄　Relationship |
|  |
| 住所Address |  | | |
| E-mail |  | Phone No. |  |

**３．日本語能力試験の受験歴　Examination history of Japanese Language Proficiency Test（JLPT）**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 受験経験　Examination experience | | N1  N2 　 N3　  N4 　  N5　 　無/ No | | |
| 合否Pass/Fail | 合格Pass  不合格Fail | | 点数 Score |  |

**４．現在の日本語能力の自己評価　Self Evaluation of current Japanese proficiency**

日本語能力試験自己評価リスト（<https://www.jlpt.jp/about/candolist.html>）の各項目について、できる場合は「Y」、できない場合は「N」と記入してください

　For each item of the Japanese Language Proficiency Test Self Evaluation List(<https://www.jlpt.jp/e/about/candolist.html>), write “Y” if you can, and “N” if you can not.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 聞く Listening |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 話す　Speaking |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 読む Reading |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 書く　Writing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**５．学習（研究）計画　Essay of study plan**

　あなたが高崎経済大学で学びたいことを日本語で記入してください。

　Please write in Japanese what you would like to study at Takasaki City University of Economics.

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|  |

以上、高崎経済大学への交換留学を申請します。

I would like to apply for the Student Exchange Program in Takasaki City University of Economics.

申請日

Date of Application 　　　　　　　　　　 申請者氏名

Applicant's name in block capitals

申請者署名

Applicant's signature

＊こちらの申請書は指導の先生が記入してください。高崎経済大学では，交換留学生の日本語の能力に応じた日本語の授業プランを準備することにしております。ついては，来日する学生の日本語能力について教えて下さい。

This form should be filled in by the faculty advisor him/herself. Please share the level of the exchange student’s Language proficiency since TCUE provides Japanese lessons for exchange students according to their Language proficiency.

|  |  |
| --- | --- |
| 申請者氏名  Name of applicant |  |
|

**１．所属大学のアカデミックアドバイザー　Academic faculty advisor**

|  |  |  |  |
| --- | --- | --- | --- |
| 氏名  Name |  | | 申請者との関係　Relationship with applicant |
|  |
| 所属先  Affiliation Name |  | | |
| E-mail |  | Phone No. |  |
| 申請学生の日本語レベル確認のため、先生に直接連絡してもよろしいですか。 | | | はい 　　  いいえ |

**２．申請者の言語能力　Language Proficiency**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 日本語レベル  Japanese  \* | 読む能力 Reading | N1 　　  N2　　 　 N3　　　  N4　　 　  N5 | | | | | | |
| 聞く能力　Listening | N1 　　  N2　　 　 N3　　　  N4　　 　  N5 | | | | | | |
| 読むことができる漢字数  Number of Kanji that can be read | |  | | 書くことができる漢字数  Number of Kanji that can be written | | |  |
| 日本語学習歴  Japanese learning background | 学習機関名　Name of Institution | | |  | | | | |
| 学習期間　Period of Study (MM/YYYY) | | | いつから MM/YYYY  From | | | いつまで MM/YYYY  To | |
| 教科書  Textbooks | 教科書名　Name of textbook | | | | | 使用期間　Period of use | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
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* 日本語能力試験の認定の目安（<https://www.jlpt.jp/about/levelsummary.html>）に基づき、該当する申請者の日本語レベルにチェック☒してください。Please check applicant's Japanese level based on the Summary of Linguistic Competence Required for Each Level of Japanese Language Proficiency Test（<https://www.jlpt.jp/e/about/levelsummary.html>）.

I certify that the information given above is true and correct.

以上のとおり、相違ありません。

Date

日付

Signature

署名