

JAPAN STUDY APPLICATION INSTRUCTIONS

DEADLINE: January 4th

Many college's study abroad offices have an earlier deadline and additional application process. Please contact your study abroad office.

1. Discuss your plans to study abroad in Japan with your academic advisor, Japan Study campus representative, and study abroad office. Obtain appropriate signatures on the **Approval Form**.
2. Start your online application at japanstudy.slideroom.com. You can save your application and come back to it at any time, but all application materials must be completed and submitted by the deadline. Save a copy of all essays and forms for future use.
3. Request an **Official Transcript from each college** attended.
*(Also include official transcripts from all college courses taken as a high school student and other colleges). Official transcript **must include fall semester grades**. However, we can accept unofficial transcripts, **but only until** official transcripts are available. When your official transcript is available, you **MUST** send it to us.*
4. Request a **Certificate of Enrollment Verification** from your Registrar's Office. (Use the attached form, if necessary).
5. Give **Recommendation Forms (2)** to your chosen references. At least one recommendation letter must be from a professor in a department related to East Asia, Japan, or your major.
6. Apply for or renew your **Passport**, (if necessary).
*If you do not already have a passport, or if your passport will expire before the end of the program, you will need to **apply for one immediately**.*
7. Obtain 10 **Official Passport Photos**, and 2 candid/casual photos. See Photo Instructions, next page.
8. Sign and complete both the **Waiver** form and the **Important Notice** form.
9. Submit your online application, mail items in Box #2 below, and follow up to insure that items in Box #3 are mailed.

1. Items You Will Upload <i>by the deadline</i> via japanstudy.slideroom.com	2. Items You Will Mail <i>received by the deadline</i>	3. Items To Have Mailed <i>by the deadline</i>
<ul style="list-style-type: none">• Student Profile Questions• Short Essay Questions• Study Plan Essay	<ul style="list-style-type: none">• Approval Form (<i>signed</i>)• 9 - official passport photos (<i>name on back</i>) + 2 candid photos (<i>student keeps one passport photo</i>)• Waiver• Important Notice• Passport Photo Page - copy (<i>or proof you applied for your passport</i>)	<ul style="list-style-type: none">• Official Transcripts from ALL colleges attended, and <i>must include fall semester grades</i>• Certificate of Enrollment Verification from your Registrar• Letters of Recommendation (2) (<i>Faculty</i>)

**Mail listed documents to:

Japan Study
c/o Mary Owens
Earlham College
801 National Road West
Richmond, IN 47374

JAPAN STUDY PHOTO INSTRUCTIONS

You will need a total of 12 photographs (10 passport size + 2 candid shots). Please use exact sizes below. **Legibly** write your full name on all photos in non-smearing ink on the back.

a. 10 official passport photos sized at 2 in x 2 in

**Keep one passport photo for your visa application that you will complete at a later date.*

b. 2 candid/casual photos of you - photos appropriate for your host family

Additional Information about Passport Photos

- Photos must be official passport photos. Scanned, copied, or self-taken photos are not acceptable
- Photos must be the correct sizes
- Photos must be in color
- Current, in the last 6 months, (do not use cut-down high-school senior photos or snapshots)
- Photos should be full-face, head/shoulder shots, in front of a plain white or off-white background
- Do not wear glasses, hats, hairpieces, scarves, earphones/headphones, etc.
- Many drugstores take sheets of passport photos at a reasonable cost

JAPAN STUDY APPROVAL FORM

Student Name: _____

College: _____

Check Option:

Academic Year Fall Semester Fall Semester + Cultural Internship Spring Semester:

STUDENT SIGNATURE (after signing, please obtain the appropriate signatures below)

I do hereby authorize Japan Study to forward any of my application materials to any educational institution or personnel who expect or require such information as part of the procedure for admittance or placement related to this program. I hear-by certify that the information that I have provided in this application is complete and accurate to the best of my knowledge as of this date. I authorize all College offices and personnel to release my records to Japan Study as needed to facilitate my application to the program. I further understand that, if accepted, I will be required to submit other program specific materials.

Signature of Student

Date

FACULTY/STAFF SIGNATURES

INTERNATIONAL PROGRAMS DIRECTOR APPROVAL

This signature affirms both your approval and the college's approval of the student's application to Japan Study and affirms that the student is in good academic and social standing. If not, please attach a statement regarding the details on college letterhead.

Signature of International Program Director

Date

Printed Name of International Program Director

E-mail and Phone

ACADEMIC ADVISOR APPROVAL

This signature affirms that the student has consulted with the appropriate academic and/or faculty advisors to ensure that the Japan Study program is consistent with their academic program.

Signature of Academic Advisor

Date

Printed Name of Academic Advisor

E-mail and Phone

JAPAN STUDY CAMPUS REPRESENTATIVE APPROVAL

This signature affirms that the student is an acceptable candidate for the Japan Study program.

Signature of Japan Study Campus Rep / Advisor

Date

Printed Name of Japan Study Campus Rep / Advisor

E-mail and Phone

Please mail to: Japan Study, Earlham College, 801 National Road West, Richmond, IN 47374

JAPAN STUDY APPLICATION ESSAYS

IMPORTANT INSTRUCTIONS

- Retype each question and write your answer below it
- Place your name, your college name and page number on each page, top and bottom
- AND
- Upload essays to japanstudy.slideroom.com

STUDENT PROFILE QUESTIONS

1. What languages, including Japanese, have you studied? Indicate number of college years (completed or equivalent) that you will have by the end of this academic year.
2. List all East Asian related courses that you have taken or will have taken by the end of this academic year.
3. List your overseas experience for the past five years. Include only country and days/weeks spent in country. If you have lived outside the United States for longer than 2 months, please explain the circumstances of your stay.

SHORT ESSAY QUESTIONS – approximately 1000 words (2 pages) total for the following 5 questions.

1. What special interests do you have? In what organizations or activities are you involved?
2. How long have you been interested in Japan? In what non-course related ways have you pursued your interests? (e.g., people you have met, books you have read, etc.)
3. Learning about Japan is central to success on Japan Study. How do you plan to pursue your study of Japan outside of coursework at Waseda? Give concrete examples.
4. What are the three greatest challenges you expect to encounter in making the transition to living and studying in Japan? How would you attempt to deal with such challenges?
5. If you have chosen the semester option, explain why you have chosen this option rather than the academic year program.

STUDY PLAN ESSAY - approximately 1000 words (minimum of 2 pages).

In a separate document, with your name and your college name at the top and bottom of each page, explain your academic objectives (beyond language or cultural acquisition) and the academic fields in which you wish to accomplish them during your study abroad at Waseda University. Refer to classes taken, thesis research completed, etc. How does participation on Japan Study fit into your overall four-year academic career? How do you plan to apply your study abroad program at Waseda to your future courses or research? What other objectives for learning do you have while in Japan, aside for classes and research?

**JAPAN STUDY / WASEDA UNIVERSITY
LETTER OF RECOMMENDATION FORM**

DUE DATE: January 4th

To the Applicant:

This form should be given to a dean, academic advisor, a full-time professor or teaching instructor at your current institution under whom you have studied and who is able to comment on your qualifications for study at Waseda University.

Applicant's Name: _____

- Check one: I waive my right to see this recommendation
 I do not waive my right to see this recommendation

Signature of Student

Date

To the Recommender: The applicant has applied to the Japan Study program and has listed you as a reference. The Japan Study program includes course work in both Japanese language and Japanese studies at Waseda University, an orientation program, living with a host family, and a one-month cultural internship. Please use college letterhead when writing your recommendation and include your name, title and signature

In your letter, please include information regarding the student's:

- Academic achievements -class rank and academic strengths, etc.;
- Behavior / performance in the classroom – maturity, motivation, working well with others, etc.
- Skills / capacity which the applicant needs to develop, social and academic, while studying in Japan and in general.

Please consider the following questions when writing your recommendation letter.

1. Does the applicant have valid educational reasons for participating in this program?
2. Describe any particular difficulty that the applicant may have with the program as a whole or with certain aspects of it, including adjusting to a new environment.
3. Does the applicant have any particular strengths that will prove to be assets during the stay in Japan?
4. Please add any comments you believe will be helpful to either the selection committee or the program staff.

Name: _____ Position/title: _____

College: _____ E-mail Address: _____

Relationship to Applicant: _____ How long have you known the applicant: _____ Year(s)

Signature: _____ Date: _____/_____/_____ (month/day/year)

Please mail your signed, hard copy reference, on college letterhead to:

Japan Study
Earlham College
801 National Road West

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Japan Study
Earlham College
801 National Road West
Richmond, IN 47374

CERTIFICATE OF ENROLLMENT VERIFICATION*

This is to certify that the following student is registered as a regular, degree-seeking, full-time student in good standing.

Name of Student	
Name of College	
Major	
Class Level (Fr/So/Jr/Sr)	
Expected date of Graduation (mm/dd/yyyy)	
Degree to be Awarded	

Registrar's Name: _____

Registrar's Signature: _____

Date: _____

Affix Seal: _____

*Alternative Enrollment Verification Forms are acceptable.

◆Application materials for EX/DD Program WASEDA University

Important Notice Regarding the Selection of Exchange/Double degree Student

Waseda University pays special attention and makes the utmost efforts to help international students enjoy a safe and comfortable student life. However, in recent years, there have been cases of serious incidents and accidents, as well as cases that have been very difficult to respond to, all of which affect the safety of students during their time abroad.

Waseda University tries hard to foresee potential dangers and to take precautions against possible accidents. Therefore, in order to respond smoothly when it is necessary, we would like to ask our partner universities to confirm and stress the following points during their study abroad candidate selection and at the pre-departure orientation.

- 1) Ensure that the student is in a good state of health, both physically and emotionally, which will allow him/her to withstand one year or one semester of study abroad.
- 2) Even if there are no hindrances for the student to study abroad for one year or one semester, please make sure that, either personally or through their University, the student informs the Center for International Education, Waseda University beforehand in the case of any of the following: a medical history of any illnesses that will require regular outpatient treatment in Japan; any special support that will be required from the University.
- 3) Ensure that the student enrolls in a Study Abroad (Travel) Insurance Plan, which covers the student from the time of departure until the time of return to their home country. International Students will enroll in the National Health Insurance Scheme after they enter Japan. However, we advise students to enroll in an insurance plan before entering Japan which can cover costs not covered by the National Health Insurance Scheme*. Recently, there has been an increase of bodily injuries occurring when riding bicycles. Bicycle riding accidents that cause an injury to a third party often result in enormous damage compensation awards. In situations like this, the responsibility will be borne by the international students themselves and will not be covered by National Health Insurance.

*During their stay in Japan, students must be registered for the National Health Insurance Scheme, which covers 70% of the medical fees. The National Health Insurance Scheme covers only medical related fees.

Furthermore, if Waseda University concludes that cannot be continued the exchange due to any accidents, illnesses and other incidents that have occurred during the study abroad period, upon consultation with the partner university, measures such as the student being sent home will be taken accordingly.

Thank you for your assistance. Your cooperation in this matter is greatly appreciated.

●As the applicant's for the Study Abroad Exchange Program,

I, _____ (*Print Applicant's name*) certify that I have verified all the information contained in the application for accuracy and completeness.

●As the Study Abroad Exchange Coordinator of: GLCA/ACM Japan Study Program (*Print University name*),

I, Dyron Dabney, Director (*Print Coordinator's name*)

certify that all the information contained in the application has been verified for accuracy and completeness.

Student Signature:

Name: _____ E-mail: _____

Signature: _____ Date: / / _____ (month/day/year)

Coordinator Signature:

Name: _____ E-mail: dabned@earlham.edu

Signature:  _____ Date: / / _____ (month/day/year)

Japan Study Waiver, Release of Liability, Indemnification, and Consent to Medical Attention

I, (full legal name) _____, student at (name of college/university) _____, and if I am not yet 18 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular), in exchange for my being allowed to participate as a student in Earlham College's JAPAN STUDY PROGRAM (the "Program"), and having the opportunity to gain academic credit through participation in this Program, hereby agree as follows:

1. Voluntary Participation

I understand and agree that my participation in the Program is voluntary. I agree to participate in and cooperate with the Program, the International Programs Office of Earlham College, the faculty leader(s) responsible to lead the Program (the "Resident Director"), and the other Program participants in all aspects of the Program. I agree to be enrolled as a full-time student throughout the Program and to abide with all Program policies and expectations. I also agree to abide by all laws and governmental regulations that apply in any jurisdiction through and to which I travel in connection with the Program. I understand that my violation of any applicable law, governmental regulation, or Program rule or regulation may lead to the immediate termination of my participation in the Program. If my participation in the Program is so terminated, I agree that I shall be solely responsible for all costs, including return travel costs, incurred in relation to my termination and the actions or inactions that led to my termination.

2. Identification of Risks

I understand and agree that the Program takes place in an area that may be characterized by significant political and social instability. In addition, I understand that there are certain dangers, hazards, and risks inherent in traveling and studying off campus, some of which are significant. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property, including the possibility of permanent disability and death. I understand that most, if not all, of the premises, facilities, and equipment used in conducting the Program and its related activities are not owned, maintained, or controlled by Earlham or Japan Study, but rather by the premises owners (the "Premises Owners"). There may be other risks not known to Earlham or Japan Study and not reasonably foreseeable at this time. I understand that this Waiver and Release of Liability is intended to address **all** of the risks of any kind associated with **any aspect** of the Program, including, particularly, such risks created by actions, inactions, or **negligence** on the part of Earlham or Japan Study or its trustees, officers, employees, agents, volunteers, successors, or assigns ("Earlham-Related Parties"), including **but not limited to**, risks created by the following: (a) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; (b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and condition of various modes of transportation, premises, facilities, and equipment; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Program; (f) the failure of Earlham or Japan Study to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of persons, other than those affiliated with Earlham and/or the Program; or (g) the inadequacy or lack of supervision by Earlham, Japan Study, or its representatives.

3. Assumption of Risk and Expense

I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with the Program and my participation in it. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Program.

4. Release and Waiver

Although Earlham and Japan Study seeks to ensure each student's safety while participating in the Program, there are unavoidable risks in studying off campus. By my signature below, I release Earlham, Japan Study and the Earlham-Related Parties from any and all liability for and waive any and all claims for injury, loss, expense, or damage, including attorneys' fees, in any way connected with my participation in the Program (a "Claim"), whether or not caused in whole or in part by **the negligence** of Earlham, Japan Study or the Earlham-Related Parties.

5. Indemnification

I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) Earlham, Japan Study, and the Earlham-Related Parties from all Claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of the Program.

6. Binding Effect

This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of Earlham, Japan Study, the Earlham-Related Parties, and their respective successors and assigns.

7. Insurance and Health Status

I understand that I must be covered by health and accident insurance during the length of the Program, and I have confirmed with my insurance provider that I will be covered outside the continental United States throughout the length of the Program. Prior to beginning the Program, I will provide Earlham and Japan Study with proof that I will be covered by insurance while I am participating in the Program. My signature below certifies that I will be covered by a health and accident insurance policy for the duration of my participation in the Program. More specifically, the policy that I will be covered under is as follows:

Policy number _____

Issued by the _____ Insurance Company.

8. Consent to Medical Treatment and Consent to Disclose Medical Information

I authorize Earlham, Japan Study, the Earlham-Related Parties, and the Premises Owners, if present, to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Program. This consent does not impose a duty upon Earlham, Japan Study, the Earlham-Related Parties, or the Premises Owners to provide such assistance, transportation, or services. Moreover, if I have provided medical information to Earlham and Japan Study, I give my consent to Earlham and Japan Study to disclose such medical information to the host family (if any) with whom I am residing during the Program and/or to medical personnel treating me for emergency medical services. In addition, if I do receive emergency medical services during the Program, I give my consent to Earlham and Japan Study to disclose the status of my condition and treatment to my parents and/or guardians.

9. Miscellaneous

This agreement supersedes any previous or contemporaneous agreements or understandings with Earlham and Japan Study, whether written or oral, and cannot be changed or amended except in writing and signed by an authorized officer or agent of Earlham and Japan Study. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument. This instrument shall be governed, construed and enforced in accordance with the law of the State of Indiana.

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM VOLUNTARILY SIGNING THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT.

Name _____

Signature _____

Date _____

PARENT/GUARDIAN SIGNATURES:

In exchange for my child or ward being allowed to participate in the Program, and as the parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this Waiver, Release of Liability, Indemnification, and Consent.

EACH PARENT MUST SIGN IF STUDENT IS UNDER 18 YEARS OF AGE

Name of parent/guardian _____

Signature of parent/guardian _____

Date _____

Name of parent/guardian _____

Signature of parent/guardian _____

Date _____

Please mail to: Japan Study, Earlham College, 801 National Road West, Richmond, IN 47374 or fax to 765-983-1798