

# **APPLICATION INSTRUCTIONS**

# DEADLINE: January 2nd

#### It's easy to apply, just follow these steps

- **Discuss** your plan with your academic advisor. Ask about internal application deadlines.
- Submit your online application at **japanstudy.slideroom.com** by the deadline. *You must use* your official name as it appears on your passport for all application documents.
- Please upload a copy of your official transcript. Your transcript must have fall grades posted. If fall grades are not yet available, upload an unofficial copy but keep in mind you MUST send an official transcript once fall grades post. Official transcripts from services such as Parchment or the National Clearinghouse are highly recommended. We must also have official transcripts from any college you have attended.
- Dobtain a **passport and make sure it is signed.** Apply for a passport immediately if you do not have one, or if your passport expires before the end of the program.
- All forms, documents and transcripts uploaded and scanned must be good resolution PDF's. No cell phone scans or pic.

KEEP A SINGLE SIDED color PDF of all documents before mailing and uploading to Japan Study. If accepted, you will need to upload several documents to the Waseda University student portal

#### TO BE MAILED TO JAPAN STUDY

# ${\tt m}$ Official ID Photos & the ID photo sheet 8 total, student keeps one, turn in 7

NOTE\* Official College Transcript(s) with fall grades - if fall grades post after the deadline, you may upload an unofficial transcript, and then the official transcript after grades are posted. We do accept electronic transcripts from the National Clearinghouse, Parchment or your Registrar. If using Parchment, rather then sending to an institution, please select the option to "e-mail to myself or a specific person" which should be just below the institutional search option. From there, you can enter the email address for Japan Study

(japanstu@earlham.edu) and the transcript will be delivered directly to us.

You may order from any of these sources as well as your Registrar. https://tsorder.studentclearinghouse.org/school/select https://www.parchment.com/order/

#### TO BE UPLOADED VIA SLIDEROOM

- Basic Student Information Student Profile Questions
- **B** Short Essay Questions
- **¤** Academic and Course Study Plan
- ${\tt m}$  Letters of Recommendation (2) (sent by full professors, no adjunct, visiting professors, or instructors. The application portal will send your request.)
- □ Official College Transcript(s) with fall grades\*
- Approval Form
- **¤** Official Enrollment Verification
- **m** Waiver with Insurance Information
- Study Abroad Agreement
- **¤** Copy of Passport Signature/Photo page (color copy is preferred)

FORMS SHOULD BE SINGLE SIDED and SIGNATURES LINES MUST BE SIGNED

Mail to:

Japan Study, Drawer #13 Earlham College 801 National Road West Richmond, IN 47374

Questions?

japanstu@earlham.edu

765-983-1224

# **APPROVAL FORM**

(students: make sure to get signatures before leaving campus for Winter Break)

Student Name:		
College:		
Check Option:		
□Academic Year	□Fall Semester	□Spring Semester
	STUDENT	
I do hereby authorize Japan Study to forward any of my require such information as part of the procedure for adm that I have provided in this application is complete and of personnel to release my records to Japan Study as needed will be required to submit other program specific material	nittance or placement related t accurate to the best of my know d to facilitate my application t	to this program. I hear-by certify that the information owledge as of this date. I authorize all College offices and
Signature of Student	Date	
STUDY ABROAD/GLOBAL EDU	UCATION/INTERNAT	TONAL PROGRAMS DIRECTOR
This signature affirms both your approval and the colleg is in good academic and social standing. If not, please at		
Signature of Director	Date	
Printed Name	Email and F	Phone
	ACADEMIC ADVISOR	R
This signature affirms that the student has consulted win consistent with their academic program.	th the appropriate academic a	und/or faculty advisors to ensure that Japan Study is
Signature of Academic Advisor	Date	
Printed Name	Email and I	Phone

# LETTER OF RECOMMENDATION FORM - Due December 15th

To the Applicant:

# This form should be given to a dean, academic advisor, or full-time professor (\*associate, assistant, or tenured only) at your current home college/university under whom you have studied and who is able to comment on your qualifications for study at Waseda University. Applicants waive the right to see this recommendation via the online application process. Applicant's Name: ◆ To the Recommender: Letters must be signed, on college letterhead, and include this form. Please upload both the form and your letter into the applicant's online portal. (You will receive an email requesting your reference from Slideroom). This form is submitted to you for your opinion on the applicant's qualifications. In this letter, the following points should be included. ☐ **Academic achievements** - class rank, academic strengths, etc. ☐ **Behavior/Performance** in the classroom or other settings - maturity, motivation, working well with others ☐ **Skills/Capacities** which the applicant needs to develop - social and academic, in the long run, as well as what s/he should develop during exchange at Waseda. Please consider the following questions when writing your recommendation letter: Does the applicant have valid educational reasons for participating in this program? 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. Does the applicant have any particular strengths that will prove to be assets during the stay in Japan? Please add any comments you believe will be helpful to the selection committee.

Please upload, as one document, this form and your recommendation letter, on letterhead with signature, using the emal link sent to you via Slideroom. However, if you experience problems uploading your reference, you may email a color scan to japanstu@earlham.edu Due Date for Recommendations is December 15th.

Department: \_\_\_\_\_ College: \_\_\_\_

E-mail: \_\_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ How long have you known the applicant: \_\_\_\_\_

Signature: \_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_

Position:

## LETTER OF RECOMMENDATION FORM - Due December 15th

# ◆ To the Applicant: This form should be given to a <u>dean, academic advisor, or full-time professor</u> (\*associate, assistant, or tenured only) at your current home college/university under whom you have studied and who is able to comment on your qualifications for study at Waseda University. Applicants waive the right to see this recommendation via the online application process.

Applicant's Name:	
◆ To the Recommender:	
	l, and include this form. <u>Please upload both the</u> ine portal. (You will receive an email requesting your reference from
This form is submitted to you for your opinion on t points should be included.	he applicant's qualifications. In this letter, the following
☐ <b>Academic achievements</b> - class rank, aca	ademic strengths, etc.
☐ <b>Behavior/Performance</b> in the classroom - maturity, motivation, working well with others	9
☐ <b>Skills/Capacities</b> which the applicant need - social and academic, in the long run, as well a	eds to develop s what s/he should develop during exchange at Waseda
Please consider the following questions whe	n writing your recommendation letter:
Does the applicant have valid educational re-	easons for participating in this program?
<ul> <li>Describe any particular difficulty that the appear certain aspects of it, including adjusting to a</li> </ul>	oplicant may have with the program as a whole or with new environment.
Does the applicant have any particular strength.	ngths that will prove to be assets during the stay in Japan?
Please add any comments you believe will b	be helpful to the selection committee.
Name:	Position:
Department:	College:
E-mail:	Phone:
Relationship to applicant:	How long have you known the applicant:

Please upload, as one document, this form and your recommendation letter, on letterhead with signature, using the emal link sent to you via Slideroom. However, if you experience problems uploading your reference, you may email a color scan to japanstu@earlham.edu. Due Date for Recommendations is December 15th.

Date: / /

# OFFICIAL 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(s)		
Class Level (Fr/So/Jr/Sr)		
Expected Date of Graduation (mm/dd/yyyy)		
Degree to be Awarded		
REGISTRAR AT YOUR COLLEGE	UST SIGN AND DATE	
Registrar PRINTED Name	Date	
Registrar SIGNATURE	Title	

Affix Seal if available

#### **ID Photograph Sheet for Application**

3×4cm	3×4cm	3×4cm	3×4cm
Name of Stud	ent		
Name of Your Un	iversity		

# Four head-and-shoulder (plain background) identical color ID photos (3cm×4cm) Your program coordinator will send this sheet to CIE at Waseda University

- Write your NAME, DOB, and NAME of your HOME UNIVERSITY on the back of each ID photograph. (Use official photographs taken at an official photo agency.)
- Your ID photograph MUST:
  - Be cut to size 3×4cm. (each box is actual scale of 3×4cm).
  - Be stuck with glue. Do not use tape or stapler.
  - Have been taken within 3 months before submission.
  - Be printed on photo paper. Printed on regular paper will not be accepted.
  - Be different than the photo on your passport.

#### **Japan Study Applicants - Special Instructions**

- You will need 4 additional offficial photos as follows:
  - 3 paper-clipped to this sheet
  - 1 you will keep (to use when applying for your visa in the summer)

\*\*\*\*Mail this document to:
Japan Study Office - Drawer 13
Earlham College
801 National Road West
Richmond, IN 47374

#### **Study Abroad Agreement**

To Dean of the Center for International Education

I, as an applicant to and participant in study abroad program Waseda University(hereafter "study abroad program"), fully understand and agree to the "Terms and conditions" and "Treatment of personal data by Waseda University" as indicated below. I also agree not to lodge any formal objection or protest in the case that I may lose the right to participate in the study abroad program or support from Waseda University by failing to comply with these terms and conditions.

#### Terms and conditions:

- 1. I understand the purpose of the study abroad program will concentrate on the study to the best of my abilities. I agree to complete all the courses required by the program. I also understand that I may be required to return to my home country and will do so if my academic standing does not reach the standard of Waseda University.
- 2. I understand that I am not allowed to withdraw from the study abroad program, or extend and shorten the program period once I apply for Waseda University through WEB Application Registration.
- 3. I understand that I am a representative from my home university and must act responsibly. I agree to comply with the laws and regulations of Japan, and Waseda University while participating in the study abroad program. I will also follow the guidance of the faculty members and advisors at my host university and respect the standards of decency in Japan. I also understand that I may be required to return to my home country when I have broken the rule.
- 4. I will not lodge any complaint against or implicate Waseda University for the loss and/or damage caused by disaster, riot, terrorism, unforeseen accidents, infectious diseases, crimes, etc.
- 5. If during the period of my study abroad, I cause damage to-Waseda University or a third party due to willful intent, negligence a violation of the law or public order and morals, I will not hold Waseda University responsible for the cost of damages made to a third party. If Waseda bears liability for damages made to the host university or a third party caused by myself, I will take responsibility to compensate damages incurred by Waseda.
- 6. I understand to enroll 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, in addition to the National Health Insurance Scheme.
- 7. I have secured permission and agreement from my financial supporter such as my guarantor to prepare sufficient financial resources for the estimated expenses for all programs which I applied during WEB Application Registration. I agree to paydesignated fees (dormitory fees, etc.) by the date set by Waseda University.
- 8. I will stay, if any, in the accommodation designated by Waseda University. I understand that if any accommodation is not designated, I will be responsible to acquire a place to stay on my own.

#### Treatment of personal data by Waseda University:

Waseda University ("Waseda"), being fully aware that the protection of personal data is a basic requirement derived from human dignity, established the "Regulations on Privacy and Data Protection" in May 1995 and has taken strict care in its handling of personal data. As the "Law concerning Protection of Private Information (Privacy Law)" came into force in its entirety on April 1, 2005, Waseda will continuously endeavor to comply with the law and control and manage personal data in a safe and adequate manner. Therefore, please read the following information and submit the "Consent for the Treatment of Personal Data" signed by both the student and the guarantor together with other enrollment documents.

#### 1. Collection of Personal Data and Purpose of Use of Personal Data

Personal data means any information relating to a student, guarantor, faculty or staff member or other individual by means of which that individual is identified or identifiable. Waseda will collect only such personal data as is deemed necessary for education and research, student assistance, or university administration, for the following purposes. In addition, Waseda may communicate with the student or the guarantor based on the collected personal data if necessary.

#### <Purpose of Use>

- (i) Management of student registration, management of changes in student registration, health management, scholarship management;
- (ii) Registration for courses, management of student results, class management;
- (iii) Management of information on internal admission to the undergraduate or graduate school or change of school, or careers after graduation;
- (iv) Issuance of student identification cards or various certificates;
- (v) Management of tuition and fees information, management of account information;
- (vi) Assistance in student life and extracurricular activities;

- (vii) Preparation and management of job-related information;
- (viii) Management of use of facilities and equipment within the University, management of security camera footage;
- (ix) Management of library use information;
- (x) Dispatch of the academic transcript and information regarding the student's academic standing to the guarantor;
- (xi) Consultation with the guarantor on the student's results or course selection;
- (xii) Public relations magazines of the University and affiliated schools, information on events, announcements relating to fund-raising for the University;
- (xiii) Dispatch of various types of information to graduates;
- (xiv) Provision of information to partner universities based on academic exchange agreements or such other arrangements;
- (xv) Provision of necessary information to Student Health Insurance Union (*Gakusei Kenkou Hoken Kumiai*) of Waseda University (Administrator: Administrative Director, Student Affairs Division);
- (xvi) Provision of necessary information to Waseda University Alumni Association (Administrator: President of Waseda);
- (xvii) Provision of necessary information to the academic organizations (Administrator: Dean of each school) composed of students and faculty within the undergraduate or graduate school to which the student belongs;
- (xviii) Provision of necessary information to the Faculty and Staff Union for the purpose of promoting public grants;
- (xix) If applicable, management of on-campus employment, payment of wages and allowances; and
- (xx) Improvement of Waseda University's educational and research programs, entrance examinations, and student recruitment activities.
- (xxi) Verification of identity, based on student-submitted photos and their scanned data, required to process internal administrative procedures as well as to enable a variety of web-based services offered within the University.

#### 2. Safekeeping of Personal Data

Waseda will strictly keep personal data secure from unauthorized use, loss, destruction, falsification, and leakage, and will provide education and training for personal data management to the faculty, staff or other persons engaged in the affairs of Waseda who handle personal data.

#### 3. Provision of Personal Data to a Third Party

Waseda will not provide personal data to a third party without the consent of the data subject unless any of the exceptions defined in the Law and Rule applies.

#### 4. Outsourcing of University Operations to a Third Party

Waseda University may entrust all or parts of bulk-mailing or data-entry operations to a third party. In such a case, Waseda University requires the third party (through a contract and other means) to handle personal data adequately and appropriately so that the personal data will not be leaked, lost or misused.

#### 5. Disclosure and Correction of Personal Data

The student and guarantor may request disclosure or correction of personal data at the affiliated school, any undergraduate or graduate school to which the student belongs, or such other place where personal data is kept.

University/College:	Name:	
Student's Signature:		
	(Name and signature of the student must be in the student's	own handwriting
I, as the guarantor of the aforemention stated above.	ed student, take full responsibility that he or she will strictly abide the terr	ns and condition
Guarantor's (Parent) Name :	Guarantor's Signature:	
Guarantor's Relationship:	Date:	
		1 1

(Name and signature of the guarantor must be in the guarantor's own handwriting)

# Japan Study Waiver, Release of Liability, Indemnification, and Consent to Medical Attention<sup>1</sup>

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 opportu	nity 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 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.

#### 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
n exchange for my child or ward being a	S – EACH PARENT MUST SIGN IF STUDENT IS UNDER 18 YEARS OF AGE: allowed to participate in the Program, and as the parent or legal guardian of the above-named d, agree to, and accept all provisions of this Waiver, Release of Liability, Indemnification, and
Name	Signature
	Date
Name	Signature

## APPLICATION ESSAYS

**3 Separate Documents**. Retype each question and write your answer below it. Type your name, your college name, and page number on each page. Upload each document to japanstudy.slideroom.com.

#### **Document I: STUDENT PROFILE QUESTIONS**

- **A.** 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.
- **B.** List all East Asian related courses that you have taken or will have taken after this academic year.

#### **Document II: SHORT ESSAY OUESTIONS**

Approximately 1200 total words for the following 6 questions (200 words each question).

- **A.** What special interests do you have? In what organizations or activities are you involved?
- **B.** 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.)
- **C.** 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.
- **D.** 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?
- **E.** ACADEMIC YEAR APPLICANTS ONLY An integral part of the for academic-year applicants is the Cultural Internship. How do you see the CI enhancing your 4-year plan, goals and development of your understanding of Japan? Refer to CI locations for information: https://japanstudy.earlham.edu/cultural-internships. Which locations appeal to you and why? (We cannot guarantee your top choice(s) of CI locations.)
- **F.** How do you envision yourself as a participant in the Japan Study group? How will you contribute to the group and its relationships?
- **G.** SEMESTER OPTION APPLICANTS ONLY please explain why you have chosen this option rather than the academic year program. Refer to course constraints or other factors.

Document III: ACADEMIC and COURSE STUDY PLAN - See the following pages

# **Guidelines for Japan Study Academic and Course Study Plans:**

You are required to identify courses of interest offered by the School of International Liberal Studies (SILS). Failure to list and describe the value of these courses toward fulfilling your academic goals may disqualify your application for consideration or reduce the competitiveness of your application.

\* YOUR ACADEMIC GOALS ESSAY MUST ONLY DISCUSS SILS COURSES AND HOW THEY DEVELOP YOUR GOALS AND ACADEMIC PLAN. DO NOT TALK ABOUT LANGUAGE COURSES OR ACQUISITION IN THIS QUESTION: This essay must be focused on studying at SILS, NOT outside of classes, such as what you would like to do in your free time.) Reference specific courses that Waseda offers in your study plan. You will list these courses also in the chart following your study plan.

\*Your essays MUST be the minimum word count, but should be longer.

\*You DO need to list BOTH SILS and CJL courses in the course plan charts after your study plan essay. SILS in the first chart, CJL in the second chart.

\*NO Seminar courses or Beginner Level courses allowed. Must be Intermediate or Advanced courses.

\*You will be studying in the School of International Liberal Studies (SILS) and the Center for Japanese Language –(CJL) - choose approximately 5-10 SILS courses and 4-7 CJL courses.

\*This is not a Registration for courses, but is to ascertain if courses you would like to take fit your major.)

\*Course List and Syllabus Search:

https://www.wsl.waseda.jp/syllabus/JAA101.php? pLng=en

with instructions found under Course Catalogue: https://japanstudy.earlham.edu/academics/

#### FOLLOW THESE INSTRUCTIONS TO LOOK UP COURSES

- 1. For Level choose Advanced / Intermediate courses. (NO Seminar or Beginner level courses allowed.)
- 2. For Term choose Spring, Fall or full year. Language, choose English
- 3. For Language, choose English (and for the CJL classes/chart choose Japanese).
- 4. For School choose SILS (and CJL for the second set of courses chart).
- 5. Click Search.

# **Academic Study Plan**

The purpose of this document is to examine whether your interests match the curriculum of the school (major) at Waseda.

Describe specifically to avoid any discrepancies between your current studies and your applying school (major) at Waseda University which may become an issue after your arrival in Japan.

\*Students who are applying for

Courses conducted in English: write your response in English

Courses conducted in Japanese: write in Japanese

The Japanese Language Program (JLP): either in Japanese or in English.

. Study Plan  (1) Explain your major and any thesis research that you are conducting at your home university. Also briefly describe what you are studying in your classes.		
	(minimum 250 -300 words in Englis	

(2) Describe the purpose of selection of the school (major) at Waseda and your ACADEMIC goals.  It must be focused on studying at school (major), NOT outside of classes, such as what you would like to do in			
your free time.	(minimum 600-650 words in English)		
	•		

## 2. Course Plan (Except Doctoral course students)

THIS IS NOT AN OFFICIAL COURSE REGISTRATION.

may be available every semester.

The purpose of this document is to examine if your interest match the courses of the school (major) you have applied for at Waseda. (You are expected to take courses from the school you are applying for.) NOT for checking whether students meet the course registration rules for each school (major).

- (1) Courses offered by the school (major) that you are applying for
- \*Read the course list of the school (major) you are applying for and provide a list of courses <u>for your first semester.(https://www.waseda.jp/inst/cie/en/exchange/application</u> = "Requirements and Course Lists")

  \* THIS IS NOT AN OFFICIAL COURSE REGISTRATION. Official registration begins after the program starts (by a lottery-based system when the number of applicants exceeds capacity). Not all courses

School	Department (If	Full Course Titles	Term
(Major)	any)		
School of	SILS	Ex: History of East Asia	Spring
International			Semester
Liberal Studies			
(SILS)			

(Undergraduate: min.4, max.10)

(Graduate: min.2, max.5)

(Applicants for Center for Japanese Language: min.4 max.10)

#### (2) Courses offered by other schools (Voluntary, Japan Study students must fill out for CJL courses only)

If you would like to take courses offered by other schools or courses offered to all students, read the "University-wide Open Course" carefully, and provide a list of courses <u>for your first semester</u> that you are interested in.

Please note that the possibility that you will be selected is quite small since exchange students are

intended to take courses offered by	.1 1 1 1	4 4	1 ' '
intended to take college offered by	u the school or de	enartment voll are	anniving to
interface to take courses offered of	v the school of de	barument vou are o	abbryme io.
	,	1 2	11 / 0

School	Department (If	Full Course Titles	Term
	any)		
Center for	CJL	Japanese Writing	Spring
Japanese Language			Semester

(Voluntary)

(Max.2 applicants for Center for Japanese Language and max.7 for others)

Your Name	Home University	