**Required Documents for Exchange Students**

Nationality :

University :

Name :

(1)　Application form for exchange student

form 2; for special audit student(if you need UOM credits)

form 3; special research student(only graduate student)

(2)　Application form for exchange student (form 4)

(3)　Financial Statement (form 5)

(4)　Letter of Recommendation

(5)　Transcript

(6)　Curriculum Vitae

(7)　Health Check

(8)　Application form for Certificate of Eligibility; For applicant Part 1 – 3

(在留資格認定証明書交付申請書　申請人等作成用1~3)

(9) 4 photographs　(4cm × 3cm)

1. Copy of Passport

 (pages including name, date of birth, nationality and passport number)

（様式 ２）

Form 2

特 別 聴 講 学 生 願

年　　月　　日

宮崎大学学長殿

　　　　専　　攻：

　　(Major)

　　　　氏　　名：

 (Name)

　　　　　　　　　　　　　　生年月日：　　　年　　月　　日

 (Date of Birth) year month date

　平成２９年度私費外国人留学生（特別聴講学生）［学生交流協定による交換留学生］として、宮崎大学 学部・研究科に留学したいので、関係書類を添えて志願いたします。

　許可いただきますよう、よろしくお願いいたします。

記

1. 研究課題：

 (Study Subject)

1. 留学期間：　　　　年　　月　　日　〜　　　年　　月　　日

(Study Period in Miyazaki) year month date　 year month date

（様式 ３）

特 別 研 究 学 生 願

年　　月　　日

宮崎大学学長殿

　　　　専　　攻：

　　(Major)

　　　　氏　　名：

 (Name)

　　　　　　　　　　　　　　生年月日：　　　年　　月　　日

 (Date of Birth) year moth date

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　許可いただきますよう、よろしくお願いいたします。

記

1. 研究課題：

 (Study Subject)

1. 留学期間：　　　年　　月　　日　〜　　　年　　月　　日

(Study Period in Miyazaki) year month date　 year month date

#  (form 4)

# Application Form

University of Miyazaki Exchange Student

1. Name:

 Family First (Given) Middle

1. Date of Birth: (Male／Female)

 Month Day Year Age

1. Present address:

(4) Tel／Fax: ／

 E-mail address:

(5) Japanese Language Background

1. Name of institution:

 Address:

1. Period of study:

##  From to

 Year 　 Month　　　 Year Month Years

(6) Field of Study to be specialized at University of Miyazaki:

(7) Reasons for majoring in the field of study described in (6):

(8) Employment to be taken up after returning home:

 Date of application:

 Applicant’s signature:

# (form 5)

 Exchange Student Financial Statement

 You are responsible for demonstrating that you have access to sufficient funds to meet all educational and personal expenses for the duration of your study at University of Miyazaki.

A. About an Applicant

 (1) Name:

　　　 　　　Family First (given) Middle

 (2) Address:

 (3) Date of Birth:

 　　 Month Day Year

### Source of Funds

(1) Bank

 (a) Personal or Family Savings $

 \* Please enclose an original copy of bank statement signed by bank official.

 (b) Depositor’s Name:

 Family First (given) Middle

 (c) Name of Bank:

 (2) Others

 $

 \* Please enclose a signed affidavit from an authorized person to certify the

 accuracy of this entry.

### Affidavit of Support

 This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that funds are available and will be provided as indicated.

(1) Parent／Sponsor Signature:

 Relationship to applicant:

(2) Date:

 Month Day Year

(3) Address:

### Verification by applicant:

 I certify that the information provided above is correct and that I shall notify the University of Miyazaki of any change in my financial circumstances or academic status.

 Signature:

 Date: