

# JOY

Junior Year Overseas at Yokohama National University

Program for Academic Exchange

**Application Packet**

**Fall 2009**

Applicants to the Junior Year Overseas at Yokohama National University (JOY) Program should submit the following. We will not be able to accept incomplete or late applications.

**The following forms need to be submitted before the application deadline:**

**A. Included in this packet**

- Junior Year Overseas at Yokohama National University Program for Academic Exchange (JOY) Application Form
- Confidential Reference Form
- Japanese Language Background Sheet
- Certificate of Enrollment of the Applicant for JASSO Scholarship
  - \*Please fill this out even if you are not applying for the JASSO Scholarship
  - \*Your "Expected Date of Completion/Graduation" must be after the date you leave Japan after completion of the JOY program. Please remember that after this date, you will lose your student status in the JOY program and will no longer be able to stay in Japan on your student visa.
- Personal Data Sheet (Students from non-English speaking countries enrolled in a university whose primary language of instruction is not English need to attach proof of English language proficiency.)
- Financial Information Sheet
- Statement of Purpose
- Contract

**B. Not included in this packet**

- Certificate of Enrollment (or other document from your university certifying your student status. Should contain following information: Your name, University name, Date of admission, Planned date of graduation (This needs to be after the date you leave Japan after completion of the JOY program.)
- A current and official academic transcript
- Four identical photos (3.5x4.5cm), one of which should be attached to the "JOY Program Application Form." Please print your name on the back of the photos.
- Copy of passport (Please send as soon as possible.)
- Bank Statement (In English)

Please submit the Health Certificate (p.13) after notification of admission. Your health exam must be within 6 months of your arrival date.

The application deadline is **April 10, 2009** for Fall Semester beginning in October 2009. Applications should be addressed to:

Short-term Exchange Student Section  
Student Exchange Division, International Student Center  
Yokohama National University  
79-1 Tokiwadai, Hodogaya-ku  
Yokohama, 240-8501, Japan

Junior Year Overseas at Yokohama National University  
Program for Academic Exchange (JOY)

**Application Form**

Please attach photo  
here

4.5cm x 3.5cm

Do not staple

※Please TYPE or PRINT all information in Roman letters and Arabic numerals.

1. Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

(If you have Chinese characters (漢字) for your name, or know the *katakana*, please write below:

\_\_\_\_\_)

2. Sex: Male/ Female    3. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Year) (Month) (Day)    4. Marital status: Single /Married

5. Nationality (The country issuing your passport): \_\_\_\_\_

6. Mailing address (Please print clearly and notify us of changes. We may be mailing you important documents to this address) \_\_\_\_\_

E-mail (Please print clearly as we will be contacting you through this account): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

7. Home university: \_\_\_\_\_

Major field: \_\_\_\_\_

Year of study: Undergraduate 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

Graduate 1<sup>st</sup>  2<sup>nd</sup>

8. Planned period of enrollment at Yokohama National University. Check one. Please note that it will not be possible to change your period of enrollment after the application deadline.

- Fall Semester only (October to March)
- Fall and Spring semesters (October to August)
- Spring Semester only (April to August)
- Spring and Fall semesters (April to March)

On what date do you plan to leave Japan? (You must leave Japan before your “Expected Date of Graduation/Completion” from your home university): \_\_\_\_\_

9. The JASSO (Japan Student Services Association) Scholarship is a competitive scholarship which consists of monthly stipends of 80,000 yen and a one-time allowance of 150,000 yen.

--Only students who are certain to attend the JOY program upon acceptance are eligible to apply for this scholarship.

--Although we will be able to place all students in dormitory rooms in most cases, in the case that there is a shortage of available dormitory rooms, there is a slight possibility that students receiving the JASSO scholarship will need to find accommodation on their own outside of YNU dormitories.

--Students receiving another scholarship exceeding 80,000 yen per month will not be eligible to receive the JASSO scholarship.

Please check here  if you would like to be considered for the JASSO scholarship.

\* If you check above and later decide not to attend the JOY Program, this may reduce the number of scholarships for the JOY Program and adversely affect future prospects of students from your university receiving this scholarship.

Please check A or B below:

A.  I would like to attend the JOY Program regardless of whether or not I receive the JASSO Scholarship.

B.  Without the JASSO Scholarship, I will not be able to attend the JOY Program.

\* Please note that if you check B. and your application for the JASSO Scholarship is not accepted, your JOY application will automatically be cancelled.

Junior Year Overseas at Yokohama National University

Program for Academic Exchange (JOY)

**Confidential Reference Form**

To be filled out by a faculty or staff member at the applicant's home institution with sufficient knowledge of the applicant.

Name of Applicant: \_\_\_\_\_

1. How long have you known the applicant? In what capacity?

2. Please rate the applicant in comparison with other students at the same level in the following areas, using the ratings 4, 3, 2, 1 and NB.

*4=outstanding 3=good 2=average 1=below average NB=no basis for judgment*

a) Academic ability \_\_\_\_\_ b) Maturity \_\_\_\_\_

c) Motivation & Diligence \_\_\_\_\_ d) Ability to cooperate with others \_\_\_\_\_

3. Please give your candid opinion regarding the applicant's academic/professional performance, character and adaptability.

4. Please circle the appropriate terms.

1) In terms of academic ability, I recommend this candidate:

strongly      fairly strongly      with reservations      not at all

2) In terms of character, I recommend this candidate:

strongly      fairly strongly      with reservations      not at all

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

Name (please print) \_\_\_\_\_ Title or Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*After completing this form, please seal it in an envelope, place your signature over the seal, and return it to the applicant. Unsealed recommendations will be considered invalid.*

**Junior Year Overseas at Yokohama National University  
Program for Academic Exchange (JOY)**

**Japanese Language Background Sheet**

Name: \_\_\_\_\_

Home University: \_\_\_\_\_

1. Do you intend to take Japanese language courses at Yokohama National University? YES NO
2. Have you studied Japanese language at your home university? YES NO
3. If you answered NO to question number 2, have you studied Japanese language elsewhere? YES NO
4. If you answered YES to question number 3, please elaborate: \_\_\_\_\_
5. Language Proficiency

a. List the languages in which you are proficient:

Language(Native tongue first)	Level of proficiency		
	excellent	good	Fair

b. If your native tongue is not English and the language of instruction at your university is not English, please provide proof of English ability such as a TOEFL score or an affidavit of an English instructor at your university.

If you answered YES to questions number 1 and 2, please have your Japanese language professor complete the following information.

To the Japanese professor completing this form: In order for us to have an idea of your student's Japanese language ability, please give as complete information as possible below.

**Background information**

**I. Japanese language experience (Most recent course first)**

1) Course title: \_\_\_\_\_ Final course grade \_\_\_\_\_  
 Number of classes per a week \_\_\_\_\_ (Class period: \_\_\_\_\_ min . )  
 Text books : \_\_\_\_\_  
 Lessons covered in class (Lesson \_\_\_\_\_ to Lesson \_\_\_\_\_ )

2) Course title: \_\_\_\_\_ Final course grade \_\_\_\_\_  
 Number of classes per a week \_\_\_\_\_ (Class period: \_\_\_\_\_ min. )  
 Text books : \_\_\_\_\_  
 Lessons covered in class (Lesson \_\_\_\_\_ to Lesson \_\_\_\_\_ )

3) Course title: \_\_\_\_\_ Final course grade \_\_\_\_\_  
 Number of classes per a week \_\_\_\_\_ (Class period: \_\_\_\_\_ min. )  
 Text books : \_\_\_\_\_  
 Lessons covered in class (Lesson \_\_\_\_\_ to Lesson \_\_\_\_\_ )

II. Additional information on the most recent course

Course grade: Letter Grade: \_\_\_\_\_ Percentage mark: \_\_\_\_\_

Please indicate the student's percentile ranking by circling one of the following:

Top 2% Top 5% Top 10% Top 40% Bottom 50% Bottom 15%

Assessment:

Please outline the number and length of written assignment, examinations, etc..

Please comment on the student's class participation, strength, weakness, personality, attitude, etc.:

Please specify, if any, assignments you gave to your student while participating in the exchange program.

Any additional information would be greatly appreciated. If available, please attach relevant documents on your Japanese language program.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date : \_\_\_\_\_

**短期外国人留学生支援制度候補者在籍証明書**  
**Certificate of Enrollment of the Applicant for**  
**JASSO International Student Scholarship for Short-term Study in Japan**

独立行政法人日本学生支援機構 理事長 殿

To: President, Japan Student Services Organization (JASSO)

下記の独立行政法人日本学生支援機構短期外国人留学生支援制度奨学金等支給申請者は、ここに記載のとおり、本学に在籍していることを証明します。

This is to certify that the following person who is applying for JASSO International Student Scholarship for Short-term Study in Japan is registered as a regular student at our institution in the following capacity.

申請者氏名 Name of applicant	
在籍大学名 Name of institution	
在籍学部/研究科 Faculty / School	
在籍課程/学年*1 Course / Grade (School year) *1	<input type="checkbox"/> 学部 (Undergraduate) <input type="checkbox"/> 短大 (Junior College) <input type="checkbox"/> 修士 (Master's) <input type="checkbox"/> 博士 (Doctorate)    学年 Grade (School year) _____
卒業/修了予定年月*2 Expected date of completion / graduation*2	年 Year                      月 Month
取得予定学位 Degree to be awarded	<input type="checkbox"/> 学士 (Bachelor's degree) <input type="checkbox"/> 準学士 (Associate degree) <input type="checkbox"/> 修士 (Master's degree)    専攻 Major <input type="checkbox"/> 博士 (Doctor's degree)    _____
留学先大学名 Host institution in JAPAN	

提出年月日            年            月            日  
 Date                    Year            Month        Day

氏名  
Name

職名  
Title

署名  
Signature

\*1 申請時の学年を記入してください。

\*1 Please fill in the school year at the time of application.

\*2 日本に短期留学した場合の卒業/修了年月日を記入してください。

\*2 Expected date of completion / graduation should include the period of study in Japan.

注：申請者の在籍大学の責任者が記入してください。

Note: The authorized person of the applicant's home institution should fill out this form.

※ 御記入いただいた情報は、奨学金支給業務のために利用されます。また、行政機関及び公益法人等から奨学金の重複受給の防止等のために照会があった場合は、適正な範囲内においてこの情報が必要に応じて提供されます。

Information submitted here will only be used to the extent of this Program. However, this information, when deemed appropriate, may be presented to administrative institutions and public-service organizations upon request to prevent disbursement of multiple scholarships to a single recipient.



16. If you have been treated for any physical or mental disorders, please detail below.

17. If you have any allergies to foods, plants, or animals, please detail below.

18. If you have any adverse reactions to medication, please detail below.

20. If you are taking any prescription medication now, please detail below.

## Financial Information Sheet

To be filled out by the individual providing financial support to student while in Japan.

Please attach a bank statement in English that shows current balance. The bank statement must show sufficient funds for completion of the program. Minimum living expenses in Yokohama are approximately 80,000 yen per month.

If you are on a scholarship or are receiving a student loan, please attach a certificate which shows the amount of financial support to be received.

1. Name of person providing financial support: \_\_\_\_\_

2. Relationship to student: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Employment (Institution name): \_\_\_\_\_

6. Annual Income: \_\_\_\_\_ Yen

7. Planned monthly remittance to student (if 1. is other than self) : \_\_\_\_\_ Yen

8. Total amount of funds available for duration of study (7. x number of months in Japan): \_\_\_\_\_ Yen

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Statement of Purpose

Please answer both 1 (Statement of Purpose) and 2 (Research Project Proposal). Each essay should be approximately one page double-spaced, typed.

1. Explain why you chose to apply to the JOY Program and what you wish to accomplish during your stay in Yokohama
2. JOY students will be required to undertake a group research project in the seminar “Japan in the World” each semester as part of their academic program. This entails completing a research paper and conducting a presentation on a topic that relates to “Japan,” broadly defined, and which includes an international (interactive or comparative) perspective, most commonly relating to your native country. Please write a project proposal which includes a tentative title, possible sources and approaches, and why the topic is of interest to you.

Please check 6 JOY courses per semester that you are interested in taking. (This does not in any way restrict your actual choice of classes)

## \* Fall Semester \*

<i>Subject</i>	<i>Credit at YNU</i>	<i>UCTS (ECTS)</i>	<i>Check</i>
Japanese Language	1 to 12	1.94 to 23.23	
Japan and the World Economy	2	3.87	
Japan and the East Asian Economies	2	3.87	
Management in Japan	2	3.87	
National Accounting of Japan	2	3.87	
Elementary Particles and Space Science	2	3.87	
Industry and the Environment – Industrial Ecology	2	3.87	
Japanese Automobile Technology	2	3.87	
Macroengineering and Architecture	2	3.87	
Recent Advances in Materials Science and Technology	2	3.87	
Recent Progress in Electrical and Computer Engineering	2	3.87	
Japanese Society and Culture	2	3.87	
Aspects of Japanese Culture	2	3.87	
Developmental Psycholinguistics	2	3.87	
Japan during the American Occupation	2	3.87	

## \* Spring Semester \*

<i>Subject</i>	<i>Credit at YNU</i>	<i>UCTS (ECTS)</i>	<i>Check</i>
Japanese Language	1 to 12	1.94 to 23.23	
Advanced Lecture on Japanese Corporations	2	3.87	
Japanese Management	2	3.87	
Cost Management of Japanese Companies	2	3.87	
Japanese Economy, Industry, and Corporation	2	3.87	
Japanese Production Management	2	3.87	
Finance, Employment	2	3.87	
Growth and Environment in the Japanese Economy	2	3.87	
Foundations of Generative Grammar	2	3.87	
Automobile and the Environment – Industrial Ecology of the Automobile	2	3.87	
Electronics Industry in Japan	2	3.87	
Aspects of Japanese Culture	2	3.87	
Japanese Film and Literature	2	3.87	
Postwar Japanese History	2	3.87	
Rethinking the Atomic Bombings	2	3.87	

# Contract

I, \_\_\_\_\_, upon being admitted to the Junior Year Overseas at Yokohama National University Program for Academic Exchange hereby agree to obey the laws of Japan and the regulations laid down by the Japanese government concerning the conduct of students coming from abroad.

I am fully aware that a violation of these laws and regulations may result in my expulsion from the University, arrest, and deportation from the country. I do not hold the University responsible for my personal conduct nor for my personal debts nor for fines imposed on me for violations of laws and regulations.

I am also fully aware that unsatisfactory academic performance (JOY students are required to complete a minimum of 12 credits each semester) or a violation of rules and regulations of Yokohama National University may result in my expulsion from the University and deportation from the country.

If assigned to a dormitory room, I will accept to live in my assigned dormitory room.

I agree to abide by university regulations in purchasing two types of insurance once in Japan: The Japanese government's National Health Insurance (NHI); and Foreign Students Studying in Japan Rescuer's Expense Insurance.

- The Japanese government's National Health Insurance (NHI): The cost is approximately ¥14,000 per year. It covers for 70% of medical expenses from injuries and illness. JASSO will cover 35% of the remaining amount.
- Foreign Students Studying in Japan Rescuer's Expense Insurance: The cost is ¥4,300 per year. The coverage, related to instances of serious injury or death, is as follows:

Coverage Liability Limit (Yen)

Rescuer's expense 2,500,000

Injury, death, disability 120,000

Personal liability 10,000,000

You will be required to enter the above two types of insurance once in Japan regardless

of the insurance you purchase beforehand. Please use the above information for your reference to help avoid redundancies.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**健康診断書**  
**Health Certificate**

氏名 : \_\_\_\_\_ 国籍 : \_\_\_\_\_  
Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

姓(Family Name)・名(Given Name)・(Middle Name)

生年月日 : \_\_\_\_\_ 年齢 : \_\_\_\_\_ 性別 : 男 女  
Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female  
年(Year)・月(Month)・日(Day)

現住所 : \_\_\_\_\_ 電話 : \_\_\_\_\_  
Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_

身長 : \_\_\_\_\_ 体重 : \_\_\_\_\_  
Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

視力 裸眼(Without Glasses) 矯正(With Glasses)  
Vision 右 : \_\_\_\_\_ 左 : \_\_\_\_\_  
Right: \_\_\_\_\_ Left: \_\_\_\_\_

聴力 右 : 正常 低下 /高度 中等度 軽度  
Hearing Right: Normal Impaired / Serious Moderate Mild

左 : 正常 低下 /高度 中等度 軽度  
Left: Normal Impaired / Serious Moderate Mild

胸部X線検査 : \_\_\_\_\_ 撮影年月日 : \_\_\_\_\_  
Chest X-ray Examination: \_\_\_\_\_ Date of Examination: \_\_\_\_\_  
(You do not need to send the X-ray photograph) 年(Year)・月(Month)・日(Day)

所見 : \_\_\_\_\_  
Findings: \_\_\_\_\_

既往歴 : 無 有 : \_\_\_\_\_  
Past Illness: No Yes: \_\_\_\_\_

現病歴 : 無 有 : \_\_\_\_\_  
Present Illness: No Yes: \_\_\_\_\_

記載年月日 : \_\_\_\_\_ 所在地 : \_\_\_\_\_  
Date: \_\_\_\_\_ Address: \_\_\_\_\_

医療機関名 : \_\_\_\_\_  
Hospital/Clinic: \_\_\_\_\_

医師氏名 : \_\_\_\_\_  
Physician's Name: \_\_\_\_\_

署名/捺印 : \_\_\_\_\_  
Signature/Seal: \_\_\_\_\_