

作成日 Date:

特別聴講学生願書 **Application Form for Special Auditor**

京都大学農学部長 殿

To: Dean of the Faculty of Agriculture, Kyoto University

申請者名 (ローマ字) Applicant name in Roman letters:

在籍大学 Home University:

専攻分野 Field of Study at Home University:

入学年 Year of Enrollment:

卒業予定日 End of Enrollment Period at Home University (yyyy/mm):

京都大学在学中の所属大学での学年 Academic year in Home University while in Kyoto University:

住所 Current Address:

帰省先住所 Home Address:  
(cf. your parents'/guardian's address)

電話番号 Phone Number:

メール E-mail:

生年月日 Date of Birth:

性別 Gender:

国籍 Nationality:

日本国籍の有無 Japanese Nationality or Japanese Permanent Residency:

私は、以下のとおり京都大学農学部の特別聴講学生に出願します。

I hereby apply for the enrollment as a special auditor in the Faculty of Agriculture, Kyoto University.

交換留学期間 Duration of exchange	<input type="checkbox"/> One semester <input type="checkbox"/> Two semesters
留学開始時期 Start of exchange	<input type="checkbox"/> Fall Semester (Second semester): October 2021 <input type="checkbox"/> Spring Semester (First semester): April 2022
課程 Program to enroll	<input type="checkbox"/> Undergraduate
履修予定科目(各学期 7 科目以上) Study plan	<u>秋学期 <b>Fall semester</b> (II-second semester): October 2021- March 2022</u>
Minimum number of courses to take: 7 courses per semester	<u>春学期 <b>Spring semester</b> (I-first semester): April 2022- September 2022</u>

This is a pre-registration. You can finalize your registration after arriving in Japan.

STATEMENT OF PURPOSE

In your statement, please explain the following as specifically and concretely as possible:

- (a) In what way your experience in Japan will be of significance to your education at the home university;
- (b) Why you chose to study at Kyoto University;
- (c) What you have learned in the past, if you have lived in foreign countries or had intercultural experiences.

The statement should be typed, double-spaced and approximately 500 words in length. You can attach any additional pages if necessary.

(留学目的：以下の項目についてできるだけ詳しく、ダブルスペース、500語程度でタイプすること。(a) 日本での経験が大学教育の中でどのような意義を持つか (b)なぜ京都大学を選んだのか (c)過去に外国での経験や異文化体験があれば、そこから何を学んだか)

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

Date: \_\_\_\_\_  
yyyy / mm / dd

作成日 Date:

京都大学農学部長 殿

To : Dean of the Faculty of Agriculture, Kyoto University

学生の受入依頼 Re: Official Request for Acceptance

下記の学生を、特別聴講学生として京都大学農学部に受け入れ願います。

受け入れにあたっては、学生交流協定に基づき、検定料、入学料及び授業料を不徴収として取り扱い願います。

We hereby request the acceptance of the below-stated student as a special auditor to the Faculty of Agriculture, Kyoto University.

Based on Student Exchange Agreement between our university and Kyoto University, no application fee, admission fee or tuition should be imposed to the student.

学生氏名 Name:

受入希望学科(\*) Intended Department at the Faculty of Agriculture, Kyoto University(\*):

上記(\*)は京都大学農学部の決定により変更となる場合があります。

Note: A department to be enrolled in may be different from the above because that will be concluded by the Faculty of Agriculture, Kyoto University.

敬具

Sincerely yours,

署名

Signature

氏名 Name:

役職名 Job title:

所属大学 Name of Institution:

推薦書 **Recommendation Letter**

被推薦学生氏名:

Recommended student's name:

特別聴講学生の申請者として推薦するにふさわしいと思われる理由を記入ください。

State the reason why you recommend the applicant as special auditor

作成日 Date:

推薦者氏名 Name:

推薦者署名 Signature:

職名 Job title:

所属学部/学科 Department/Division:

所属大学 Name of Institution:

## HEALTH CERTIFICATE

## 健康診断書

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (氏名) (生年月日) yyyy / mm / dd

Please answer the questions below by checking the appropriate box, before submitting to a physician for your physical examination. (健康診断を医師に申込み前に下記の設問に関しいずれかをチェックしてください。)

1. What diseases, disorders or injuries have you had in the past five years? (過去5年間にかかった病気あるいは怪我の名を書いてください。)
2. Do you have any allergies to foods, plants or animals? Yes / No  
(食物、動植物にアレルギーはありますか。)
3. Have you ever had an adverse reaction to medication? Yes / No  
(薬に対してアレルギーはありますか。)
4. Are you taking medication now? (現在、何か薬を飲んでいますか。) Yes / No

To the physician (医師の方へ):

Please review the applicant's medical history and complete the information below, giving details concerning any positive indications. If there are any abnormalities in the following systems, circle the appropriate answer and explain in detail. (患者の病・傷害歴をお読みになってから診断、ご記入ください。もし何か徴候がみられれば詳しくお書きください。下記の場所に異常がありますか。+か-いずれかを○で囲んでください。)

- |                                    |       |                                |       |
|------------------------------------|-------|--------------------------------|-------|
| 1. Head/Ears/Nose/Throat (頭/耳/鼻/喉) | + / - | 6. Musculoskeletal (筋/骨)       | + / - |
| 2. Respiratory (呼吸器)               | + / - | 7. Metabolic/Endocrine (代謝/分泌) | + / - |
| 3. Cardiovascular (心臓/血管)          | + / - | 8. Neuropsychiatric (神経精神)     | + / - |
| 4. Eyes (目)                        | + / - | 9. Skin (皮膚)                   | + / - |
| 5. Genitourinary (泌尿生殖器)           | + / - |                                |       |

Physician's Comments (医師の所見):

After reviewing the applicant's medical history and physical condition, I believe him/her to be in good physical and mental health, free of any chronic conditions, disorders or contagious diseases, and capable physically and mentally of completing a one to two semester term of study in Kyoto University. (患者の病歴と健康状態を診た結果、私は上記の者が、肉体的にも精神的にも健康で、持病、伝染病、身体の不調無く、京都大学で1,2学期間勉強を続けるのに支障はないと確信します。)

Physician's signature (医師の署名) \_\_\_\_\_ Date(日付): \_\_\_\_\_  
 yyyy / mm / dd

Physician's name <please print> (医師の名前): \_\_\_\_\_

Address (住所): \_\_\_\_\_  
 \_\_\_\_\_

tel/fax/e-mail: \_\_\_\_\_