

Study Abroad (inbound)

Form 1: Application for Study Abroad at iCLA

Directions: Fill out all of the fields* below unless otherwise specified. Type directly into this form using the free software *Adobe Reader* which you can download [here](#).

1. Basic Information*

Full name: Family name(s): _____
(Include ALL the names that appear in your passport) First name(s): _____
Middle name(s): _____

Optional: Name in katakana (if known): _____

Primary e-mail address: _____

Desired study period at iCLA: Year: _____ Semester(s): Spring ☐ Fall ☐

Name of home institution: _____

Major(s): _____

University year(s) completed at home institution:

☐ 1 ☐ 2 ☐ 3 ☐ 4

2. English Language Proficiency*

Native ☐ TOEFL score _____ IELTS score _____

Cambridge score _____ Other (specify) _____

3. Japanese Language Study History*

Period of study: _____ year(s)

Indicate the number of year(s) you have studied Japanese (e.g. 0.6 years, 1 year); if you have not studied any Japanese, put "0" and select your level as "Beginner" below.

Japanese level: Beginner ☐ Intermediate ☐ Advanced ☐

Textbook(s) used: _____

Place(s) of study: _____

I have self-taught Japanese (not studied officially): Yes ☐ No ☐

If yes: **How long?** _____ year(s) **Textbook(s) used:** _____

Method(s) used: _____

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Form 2: Faculty Recommendation Letter (1)

Directions: Type directly into this form using the free software *Adobe Reader* which you can download [here](#). If you must write, please do so neatly and clearly using a **DARK BLUE** or a **BLACK** pen.

Note to the applicant: Fill in your full name below and give this form to **two** recommenders who are familiar with your academic capability.

Full name of the applicant: **Family name(s):** _____
First name(s): _____
Middle name(s): _____

Note to the recommender: Please fill in the following information and return the form to the applicant as it needs to be submitted together with other forms.

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

2. Please rate the applicant in terms of the items listed below.

	Weak lower 50%	Fair top 50%	Good top 25%	Very good top 15%	Excellent top 5%	Not known
Intellectual potential						
Analytical ability						
Creativity						
Motivation						
Independence						
Maturity						
Cooperation with others						
English skill (written)						
English skill (spoken)						

3. Please provide additional comments about the applicant. Give your opinion regarding the possibility of the applicant succeeding in our programs and beyond. Please use overleaf if necessary.

4. Indicate your overall evaluation of the applicant.

Strongly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do NOT recommend ☐

Name of recommender: _____

Title of recommender: _____ Name of institution: _____

Postal address: _____

Signature of recommender*: _____ Date*: _____

**must be handwritten*

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Form 2: Faculty Recommendation Letter (2)

Directions: Type directly into this form using the free software *Adobe Reader* which you can download [here](#). If you must write, please do so neatly and clearly using a **DARK BLUE** or a **BLACK** pen.

Note to the applicant: Fill in your full name below and give this form to **two** recommenders who are familiar with your academic capability.

Full name of the applicant: **Family name(s):** _____
 First name(s): _____
 Middle name(s): _____

Note to the recommender: Please fill in the following information and return the form to the applicant as it needs to be submitted together with other forms.

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

2. Please rate the applicant in terms of the items listed below.

	Weak lower 50%	Fair top 50%	Good top 25%	Very good top 15%	Excellent top 5%	Not known
Intellectual potential						
Analytical ability						
Creativity						
Motivation						
Independence						
Maturity						
Cooperation with others						
English skill (written)						
English skill (spoken)						

3. Please provide additional comments about the applicant. Give your opinion regarding the possibility of the applicant succeeding in our programs and beyond. Please use overleaf if necessary.

4. Indicate your overall evaluation of the applicant.

Strongly recommend ☐ Recommend ☐ Recommend with reservation ☐ Do NOT recommend ☐

Name of recommender: _____

Title of recommender: _____ Name of institution: _____

Postal address: _____

Signature of recommender*: _____ Date*: _____

**must be handwritten*

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Form 3: Statement of Purpose

Directions: Write a short essay covering the following questions: 1) Why do you want to study at iCLA? 2) What do you hope to accomplish at iCLA? 3) What are your goals upon completion of study abroad at iCLA? Fill in the entire page, and add more pages if needed. Type directly into this form using the free software *Adobe Reader* which you can download [here](#).

Full name:

(Include ALL the names that
appear in your passport)

Family name(s): _____

First name(s): _____

Middle name(s): _____

Desired study period at iCLA: Year: _____ Semester(s): Spring ☐ Fall ☐

Name of home institution: _____

Dear iCLA Non-degree-seeking Committee,

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Form 4: Study Plan at iCLA (1/2)

Directions: Indicate your intended study plan at iCLA by filling out the chart below. Type directly into this form using the free software *Adobe Reader* which you can download [here](#). Note: This page is for the Fall semester. A back-up plan is REQUIRED for each semester.

- Please select courses/Workshops from the Course List for Exchange Students; they may be cancelled or offered as Independent Study in case enrollment is less than 5 students. The maximum student enrollment per Workshop is 20 students.
- Enrollment is limited to 6 courses (for 3-credit lecture course) or 18 credits per semester. If you wish to enroll for more than 18 credits, you may do so with the approval of the iCLA exchange student academic advisor.
- Submitting this Study Plan does not guarantee your enrollment for all the courses you listed.
- 1 Credit is equivalent to 2 ECTS (for students from EU).

Full name:	Family name(s):		
(Include ALL the names that appear in your passport)	First name(s):		
	Middle name(s):		
Fall: Plan 1	Year:		
*If you need more space, please add at the bottom.			
Course No.	Course Title	Credit	(ECTS)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total credits to be earned:			

Max. 18 credits

*ECTS are for students from EU (after typing credits given at iCLA, ECTS will be automatically calculated).

Home Institution:			
Fall: Back-up Plan	Year:		
*If you need more space, please add at the bottom.			
Course No.	Course Title	Credit	(ECTS)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total credits to be earned:			

Max. 18 credits

*ECTS are for students from EU (after typing credits given at iCLA, ECTS will be automatically calculated).

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Form 4: Study Plan at iCLA (2/2)

Directions: Indicate your intended study plan at iCLA by filling out the chart below. Type directly into this form using the free software *Adobe Reader* which you can download [here](#). **Note: This page is for the Spring semester.** A back-up plan is REQUIRED for each semester.

- Please select courses/Workshops from the Course List for Exchange Students; they may be cancelled or offered as Independent Study in case enrollment is less than 5 students. The maximum student enrollment per Workshop is 20 students.
- Enrollment is limited to 6 courses (for 3-credit lecture course) or 18 credits per semester. If you wish to enroll for more than 18 credits, you may do so with the approval of the iCLA exchange student academic advisor.
- Submitting this Study Plan does not guarantee your enrollment for all the courses you listed.
- 1 Credit is equivalent to 2 ECTS (for students from EU).

Full name: (Include ALL the names that appear in your passport)		Family name(s):	
		First name(s):	
		Middle name(s):	
Spring: Plan 1		Year:	
*If you need more space, please add at the bottom.			
	Course No.	Course Title	Credit (ECTS)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total credits to be earned:			

Max. 18 credits

*ECTS are for students from EU (after typing credits given at iCLA, ECTS will be automatically calculated).

Home Institution:			
Spring: Back-up Plan		Year:	
*If you need more space, please add at the bottom.			
	Course No.	Course Title	Credit (ECTS)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total credits to be earned:			

Max. 18 credits

*ECTS are for students from EU (after typing credits given at iCLA, ECTS will be automatically calculated).

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Form 5: Mental Health History and Class Assistance

Directions: Study abroad can be an exciting and enriching experience as well as a challenging one. In order to ensure a positive and fulfilling study abroad experience, we kindly ask for all nominees to fill out the following form.¹ Please type directly into this form using the free software *Adobe Reader* which you can download [here](#).

Basic Information	
Full name: <small>(Include ALL the names that appear in your passport)</small>	Family name(s): _____ First name(s): _____ Middle name(s): _____
Desired study period at iCLA: Year: _____ Semester(s): Spring <input type="checkbox"/> Fall <input type="checkbox"/>	
Name of home institution: _____	

Item	Yes	No (N/A)	Date: (Year/Month/Day)	If "yes," please explain in <u>detail</u> .
1) Have you ever been treated for depression, anxiety, or similar mental health issues?				
2) Have you ever been treated for mental disorders other than those listed above?				
3) Do you have any eating disorders such as anorexia or bulimia?				
4) Are you, or have you ever been, a heavy consumer of alcohol or had issues regarding illegal drug use?				
5) Are you taking, or have you taken, medication or received counseling for any of the above condition(s)? ²				
6) Do you have any special needs that we should be aware of regarding living or classroom requirements? ³				

Notes:

1. All information provided will be held in strict confidence.
2. In some cases, certain medication and counseling services may not be available locally.
3. Special needs must be verified by an official medical certificate issued within the last three months.

By signing below, I understand and agree to all of the conditions and circumstances as mentioned above and in this form.

Signature*: _____

**must be handwritten*

Date*: _____

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Notes: Attachments 1-3*

Directions: In addition to Forms 1 – 5, you are also required to provide the necessary attachments. Please confirm the attachments below by checking the box. *Attachment 3 is only required for non-native speakers of English.

Check to confirm (required)

- ☐ Attachment 1: A clear photocopy of a valid passport or a similar ID



Example

Acceptable

- 1) All text and images must be clearly visible.
- 2) Signature is included (if available).

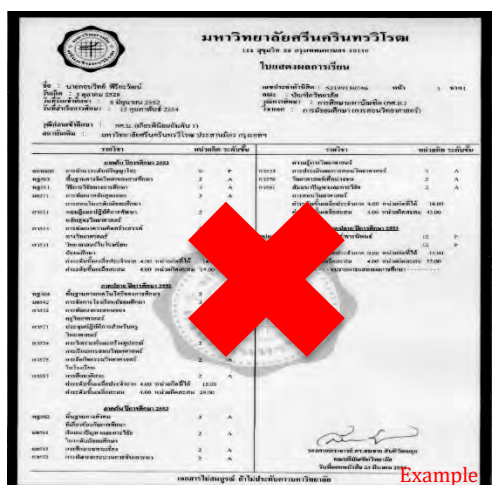


Unacceptable

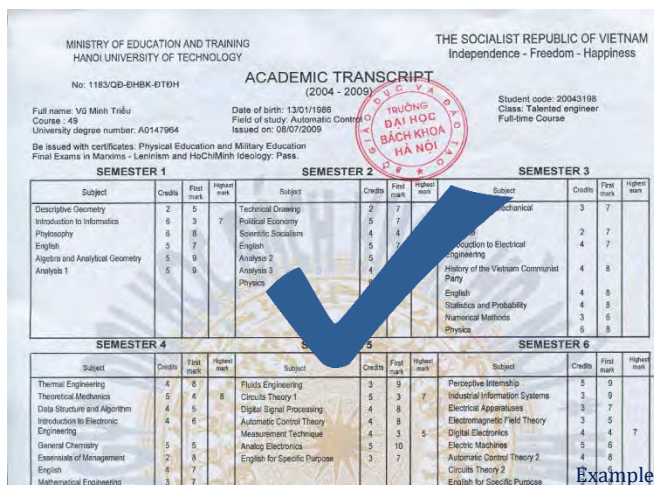
- 1) Text and image (face) are blurred, difficult to read and see clearly.
- 2) Signature is MISSING (if available).

Check to confirm (required)

- ☐ Attachment 2: Photocopies of all post-secondary academic transcript(s) in English



Example



Example

Check to confirm (required only for non-native speakers of English)

- ☐ Attachment 3: Certificate of English Language Proficiency



CAMBRIDGE ENGLISH
Language Assessment
Part of the University of Cambridge

etc...