

J. F. Oberlin University
Reconnaissance Japan Program
Documents Supporting On-line Application

Postmarked by: Fall Semester: May 1

Spring Semester: November 1

Name (EXACTLY as it appears in passport): _____

Home Institution: _____

Study Period (1 academic year or 1 semester): _____

After submitting the on-line application (<https://obirin-e-ryugaku.secure.force.com/>), please complete **all** the attached documents. Read the instructions carefully.

Item #1 through 8: Please return all documents to your Study Abroad Advisor and ask her/him to scan as one file and send to apply@obirin.ac.jp.

1. **Letter of Recommendation:** The letter of Recommendation should be written by a faculty member at your current institution. Family members, friends, or close family friends should not be asked to write a recommendation.
2. **Health Form:** It is essential that you inform the RJ Program of any previous and current medical conditions, learning disabilities, or mental health issues as well as any accommodations required for those conditions. If you need to bring prescription medications into Japan, you will need permission from the Japanese government. JFOU will inform you of those procedures after reviewing your application. If an illness or disorder has not been disclosed or cannot be treated in Japan, JFOU reserves the right to cancel your participation in the program and send you back to your home country.
3. **Immunization Record:** The JFOU Health Center needs to know what immunizations you have received to date.
4. **Financial Guarantee Statement:** Someone (other than yourself) or some institution must guarantee finances in order to be granted a Certificate of Eligibility (the form that is necessary to apply for a student visa) by the Ministry of Justice of Japan. The guarantor on this form and the guarantor listed on your online application must be the same, as this form must be submitted to the Ministry of Justice. Please complete these forms carefully.
5. **Official Transcripts:** Please submit an official transcript from each university and/or community college you have attended.
6. **Official Statement Certifying Current Full-time Enrollment:** Please submit a statement from the Registrar, Office of Academic Affairs, OR Study Abroad Adviser on university letterhead certifying that you are currently enrolled as a full-time student at your current institution.
7. **Digital Scan of Photo Page from Passport:** This can be either in color or black and white. The passport must be valid until the end of your stay in Japan.
8. **Program Agreement (provided in a separate file):** As a participant in the Reconnaissance Japan Program it is required to agree to adhere to the program agreement(Only the photo waiver section is optional). Please place your initials in the space of the Program Agreement.
9. **Digital Passport Photo:** This photo will be used for visa application. **Selfies are not acceptable.**
Submit to: Please upload to [your e-Ryugaku account\(https://obirin-e-ryugaku.secure.force.com/\)](https://obirin-e-ryugaku.secure.force.com/)
File name (jpg format): Application#_your full name.jpg (eg; A9999_Tom Hanks.jpg).

**J. F. Oberlin University
Reconnaissance Japan Program
Recommendation**

To be completed by the applicant:

Name of Applicant: _____ Deadline: _____

Institution Name: _____

To be completed by the recommender:

Recommender Name	
Recommender Title	
Recommender Address	
Phone Number/E-mail	
How long and in what capacity have you known the applicant?	
Signature and Date	

1. Please comment on the applicant's suitability for study abroad in Japan in terms of academic potential, personality, and other factors you feel important. Please include an assessment of strengths and weaknesses. If more space is needed, please use a separate sheet with your name and the name of the student in the top left corner.

2. Using the chart, please rate the applicant relative to other students you have known in a similar capacity.

	Not Observed	Weak	Fair	Good	Excellent
Communication Skills (English)					
Communication Skills (Japanese)					
Academic Aptitude					
Maturity					
Initiative					
Self-discipline					
Adaptability					
Sensitivity					
Creativity					

Please return to the applicant in a sealed envelope with your signature over the flap. Thank you for your time.

J. F. Oberlin University
Reconnaissance Japan Program
Certificate of Health
(To be completed by a physician/nurse)

Name of Applicant: _____

Date of Birth: _____ (YYYY/MM/DD) Gender: Male/ Female (Circle one)

1. Height: [] ft. [] in. / [] cm

2. Weight: [] lbs. / [] kg

3. Eyesight (with glasses/without glasses):

 Left: [/] Right [/]

4. Conversational Hearing: Normal [] / Abnormal []

5. Allergies:

6. Please list the applicant's past and current illnesses including mental health conditions, dates, and any medications prescribed for each illness or condition.

7. Has the applicant been documented with any learning disabilities? Please list the learning disabilities and any medications prescribed. What classroom or living accommodations are required?

8. Comprehensive Diagnosis

I hereby certify the above diagnosis to be accurate and complete to the best of my knowledge.

Physician /Nurse Name (Print): _____

Date of Signature (YYYY /MM/DD): _____

Date of Examination (YYYY /MM/DD): _____

Address & Phone: _____

Signature: _____

Immunization History Form

The Student Health Center at J. F. Oberlin University requires all newly enrolled students to provide documentation showing that their immunizations against Measles, Rubella, and Chickenpox are up-to-date. **This form must be completed by a physician** and be submitted to J. F. Oberlin University along with other application documents. **We require A-1 or A-2 x2doses and B x 2doses.**

樱美林大学保健卫生支援室要求所有新入学的留学生提供就近的麻疹、风疹和水痘等疫苗接种证明。**此表格必须由医疗服务人员填写**，并与其他留学申请材料一同提交到樱美林大学。**我们要求A-1或A-2和B均接种两次。**

Student name(Please Print) :

学生姓名:

Last: _____ First: _____ Middle: _____
 Date of Birth: _____ Gender: _____

Required Immunizations for ALL students: Measles and Rubella Please choose A-1 or A-2
所有学生必须接受的疫苗接种: 麻疹和风疹。请选择A-1或A-2。

A - 1: MR(Measles & Rubella) x 2doses or MMR(Measles & Mumps & Rubella) x 2doses

Please write the date you received MR immunizations on the left OR the date you received an MMR immunizations on the right.

MR #1 / /	or	MMR #1 / /
MR #2 / /		MMR #2 / /

A - 2: Measles x 2doses & Rubella x 2doses or lab titer

Please write the date you received immunizations on the left OR the date you received an antibody test to confirm your immunity on the right.

Measles -2 doses or test date

Measles #1 / /
Measles #2 / /

or

Antibody Test Date / /
--

Copy of lab report must be attached
 必须附上接种报告的复印件

Rubella -2 doses or test date

Rubella #1 / /
Rubella #2 / /

or

Antibody Test Date / /
--

Copy of lab report must be attached
 必须附上接种报告的复印件

Required Immunizations for ALL students: Chickenpox

所有学生必须接受的疫苗接种: 水痘

B: Chickenpox x 2 doses / test date

Chickenpox #1 / /
Chickenpox #2 / /

or

Antibody Test Date / /
--

Copy of lab report must be attached
 必须附上接种报告的复印件

If you cannot receive immunizations , please state the reasons.

如果无法接受上述疫苗接种时, 请填写其理由。

Provider verification: To the best of my knowledge, the above information is accurate:

本人声明: 据我所知, 上述信息均正确。

Physician's signature: _____ Date: _____

Name and address of clinic: _____

J. F. Oberlin University
Reconnaissance Japan Program

Financial Sponsor Agreement
(to be used if your financial guarantor is your parents/relatives)

To the Director-General of the Immigration Bureau

Applicant's Nationality (country of passport) _____

Applicant's Name (EXACTLY as on passport) _____

Applicant's Date of Birth _____ (YYYY/MM/DD) Gender: Male/ Female (Circle one)

I agree to defray the cost and expenses of the applicant mentioned above in the event of his/her entry to and during his/her period of residence in Japan.

1. My relationship to the applicant is as follows:

2. Particulars of Agreement

As indicated below, I (the "Guarantor" hereby assume and agree to bear costs and expenses incurred by the above applicant concerning his/her stay in Japan. Further, if or when the applicant applies for an extension of period of stay, I will submit documents, such as copies of proof of transfer of funds to the applicant or the applicant's bank account statement, which would indicate my remittance to the applicant and hence substantiate defrayal of the applicant's expenses.

(1) Tuition (circle one): 1 semester 430,000 yen / waived by exchange agreement

(2) Monthly living expenses: _____ yen (*usually 70,000 yen to 100,000 yen*)

(3) Method of payment (bank transfer, money order, etc.) is as follows:

Guarantor:

Full Name _____

Signature or Seal (if applicable) : _____ (F)

Permanent Address (including Zip Code):

Telephone Number: _____ Date: (YYYY/MM/DD) _____

J. F. Oberlin University
Reconnaissance Japan Program

Financial Sponsor Agreement
(to be used if your financial guarantor is your home institution)

To the Director-General of the Immigration Bureau

Applicant's Nationality (country of passport) _____

Applicant's Name (EXACTLY as on passport) _____

Applicant's Date of Birth _____ (YYYY/MM/DD) Gender: Male/ Female (Circle one)

_____ (name of institution) agrees to defray the cost and expenses of the applicant mentioned above in the event of his/her entry to and during his/her period of residence in Japan.

1. My relationship to the applicant is as follows:

2. Particulars of Agreement

As indicated below, _____ the "Guarantor" hereby assumes and agrees to bear costs and expenses incurred by the above applicant concerning his/her stay in Japan. Further, if or when the applicant applies for an extension of period of stay, I will submit documents, such as copies of proof of transfer of funds to the applicant or the applicant's bank account statement, which would indicate my remittance to the applicant and hence substantiate defrayal of the applicant's expenses.

(1) Tuition (circle one): 1 semester 430,000 yen / waived by exchange agreement

(2) Monthly living expenses: _____ yen (*usually 70,000 yen to 100,000 yen*)

(3) Method of payment (bank transfer, money order, etc.) is as follows:

Guarantor:

Full Name (Name and Title of Study Abroad Adviser, University Name)

Signature or Seal (if applicable): _____ (E)

Permanent Address of the University/ Study Abroad Office (including Zip Code):

Telephone Number of the Study Abroad Office: _____ Date: (YYYY/MM/DD) _____