

Form 1

Date:

To: Executive Director of the Okinawa International Exchange & Human Resources Development Foundation

Recommending Institution Chairperson:

Official Seal (if any):

Selection Process Report

I report the following regarding the selection of applicants.

1. Number of applicants being recommended:

2. Profile of Applicants

Name	Highest Level of Education Completed	Major	JLPT Level	Desired University

3. Selection Result

Name	Reason for Selection (How this applicant is distinguished from the other applicants, etc.)

Form 2

Recommendation Form

Name:

Nationality:

Date of Birth:

I hereby recognize that the above applicant meets the conditions established in the Okinawa Emigrants' Descendent and Asian Scholarship Program Implementation Guidelines and therefore recommend him or her for participation in the program.

Date:

Address:

Name of Institution:

Name of Recommender:

Signature:

Official Seal

Reason for Recommendation: Stated on attached Reason for Recommendation (Form 2b)

To: Executive Director of the Okinawa International Exchange & Human Resources Development Foundation

Form 2b Separate Attachment

Reason for Recommendation

* Please explain in detail why you are recommending the applicant.

Evaluation of the applicant's character:

Applicant's academic or professional achievements:

Your projection of the applicant's future:

Form 3

Application for Exchange Study

To: Executive Director of the Okinawa International Exchange &
Human Resources Development Foundation

Date:

Signature:

I ask for your consent based on the following information:

Name	Japanese:	Sex	Parents' Hometown
	English: First Middle Last	Male Female	Father: Mother:
Date of Birth	Current Age:		Generation of Uchinanchu
Nationality			
Area of Specialization			
Japanese Proficiency	Reading: Writing: Conversation: <i>Please use the appropriate mark: Excellent→○ Average→△ Poor→×</i>		
Japanese Language Proficiency Test (JLPT)	<i>(Please indicate level passed)</i>		
Foreign Languages	<i>(other than Japanese, including native language(s))</i>		
Volunteer Work/Activities			

Hobbies	
Future Career Goals	
Experience Abroad	Country: From: [/ /] To: [/ /] Country: From: [/ /] To: [/ /] Country: From: [/ /] To: [/ /] Country: From: [/ /] To: [/ /] Country: From: [/ /] To: [/ /] Country: From: [/ /] To: [/ /] Country: From: [/ /] To: [/ /]
(Reference) Social Media Use	1 Please circle any and all social media that you currently use. Facebook Twitter Instagram Other () 2 How frequently are you planning on posting about Okinawa on you social media during and after the program? Active Occasional Will not be posting No social media

Resume

Name	Japanese:			Home Phone:	
	English:			E-mail:	
Date of Birth	Current Age:			Sex: Male Female	
Current Address	Japanese Characters:				
	English:				
Family Members	Name	Relationship	Age	Occupation	Additional Notes
		Self			

Academic Background

Elementary/Primary School	Date Entered (Year/Month):		Name of School:	
	Date Graduated (Year/Month):		Name of School:	
Middle/Junior High School	Date Entered (Year/Month):		Name of School:	
	Date Graduated (Year/Month):		Name of School:	
Senior High School	Date Entered (Year/Month):		Name of School:	
	Date Graduated (Year/Month):		Name of School:	
University/College	Date Entered (Year/Month):		Name of School:	
	Date Graduated (Year/Month):		Name of School:	
Other Educational Institution	Date Entered (Year/Month):		Name of School:	
	Date Graduated (Year/Month):		Name of School:	

Employment Experience:

Period of Employment	Company Name

Awards and Achievements

Date (Year/Month)

/	
/	
/	

Qualifications/Licenses

Date (Year/Month)

/	
/	
/	

Talents/Special Skills	
Strong Points	
Weak Points	

To: Executive Director of the Okinawa International Exchange & Human Resources Development Foundation
I hereby declare that the above is accurate to the best of my knowledge.

Signature: _____ Date: __ / __ / __

Pledge

To: Executive Director of the Okinawa International Exchange & Human Resources Development Foundation

1. I pledge that, if chosen to be an Okinawan Emigrants' Descendent or Asian Scholarship Student (hereafter referred to as "exchange student"), I will abide by the following:

- (1) I will carry out my studies and training to the best of my ability in order to fulfill the goals of exchange study.
- (2) I will conduct myself in a manner that does not violate Japanese public or legal order in any way.
- (3) I will faithfully abide by the rules and regulations of my host university.
- (4) I will dutifully follow the guidance and instructions of the Executive Director of the Okinawa International Exchange & Human Resources Development Foundation (hereafter referred to as "Foundation").
- (5) I will not operate or drive any cars or motorcycles.
- (6) I will reside in the housing provided to me by the Foundation (apartment, school dormitory, etc.).
- (7) I will take personal responsibility for paying back any debts incurred either intentionally or by accident.
- (8) In the event that I must return home either for personal reasons or due to a contract infringement, thereby losing my right to be a participant on this program, I will not demand any further financial aid.
- (9) Following completion of the period of study, I will promptly return home and use the knowledge gained from the program to contribute to the development of my community and to international exchange between Okinawa Prefecture and my home country.

2. In the event that I infringe on any of the above rules or the Foundation deems that I am not fulfilling my duties, thereby being sent home (and/or any other penalties) and losing my right to be a participant on this program, I will obey without objection.

Date:

Address of Applicant:

Name of Applicant:

Signature of Applicant:

Form 6

Personal Reference Form

Date:

To: Executive Director of the Okinawa International Exchange & Human Resources Development Foundation

Permanent Address:

Current Address:

Guarantor's relationship to the applicant:

Occupation:

Name:

Telephone Number:

I agree to serve as a guarantor for the identity and all matters pertaining to the following applicant during his or her period of study on this program.

Signature:

Applicant's Name:

Date of Birth:

Desired Field of Study

* Please explain in detail what you would like to study at a university in Okinawa Prefecture.

! What would you like to study at a university in Okinawa Prefecture?

! What kind of study/work are you involved in at your current school/workplace?

! What kind of study/work related to your desired field of study have you done up to the present?

Date:

Name of Applicant:

Signature of Applicant:

Form 7 (2) (Business Training Use)

Desired Business Training

* Please explain in detail what you would like to study at a business in Okinawa Prefecture.

Desired training course ()

! What field of business would you like to study in Okinawa Prefecture?

! What kind of study/work related to your desired field of study have you done up to the present?

Date:

Name of Applicant:

Signature of Applicant:

Form 7 (3) (Traditional Arts Course Use)

Desired Field of Study

* Please explain in detail what you'd like to study at a training facility in Okinawa Prefecture.

! What would you like to study at a training facility in Okinawa Prefecture?

! What kind of study/work are you involved in at your current school/workplace?

! What kind of study/work related to your desired field of study have you done up to the present?

Date:

Name of Applicant:

Signature of Applicant:

Form 8

Inquiry Regarding Future Plans

* What are you planning to do, or what would you like to do after returning home from exchange study?

! Will you continue on to higher-level education, find employment, or continue study/work at your home university or institution?

! What kind of work do you want to do after returning home? Please write anything outside of work that you want to do as well.

Date:

Name of Applicant:

Signature of Applicant:

Japanese Proficiency Report

Name of Applicant: _____ Date of Birth: _ / _ / _

Address of Applicant: _____

Applicant's Native Language: _____

I report the following regarding the applicant's Japanese language proficiency.

Date: _____

Evaluator's Place of Employment: _____

Evaluator's Job Title: _____

Evaluator's Name: _____

Evaluator's Signature: _____

Please circle the appropriate number.

I Listening

- 1 Unable to understand
- 2 Can understand if spoken slowly and clearly
- 3 Reasonable understanding
- 4 Can understand thoroughly and sufficiently

II Conversation

- 1 Cannot converse at all
- 2 Can communicate meaning somehow
- 3 Reasonable conversation ability
- 4 Can speak comfortably and naturally

III Reading

- 1 Cannot read at all
- 2 Can understand some
- 3 Can understand most
- 4 Can read thoroughly and sufficiently

IV Writing/Composition

- 1 Cannot write at all
- 2 Can produce simple writing
- 3 Can produce well-organized writing
- 4 Can produce advanced, logical writing

V Evaluation (comprehensive assessment, such as the applicant's ability to take a university lecture)

Notice: This report must be written by an instructor of Japanese at a high school or college/university, a government or public organization official with sufficient Japanese ability, or an employee at a Japanese embassy in the applicant's home country.

Consent Form for Exchange Study

Name:

Nationality:

Date of Birth:

I give my consent for the above-mentioned applicant to study abroad as an Okinawa Emigrants' Descendent and Asian Scholarship Exchange Student.

In addition, I also recommend the applicant based on the following reasons why I believe he or she would make a suitable participant of the program.

! Evaluation of the applicant's character:

! Applicant's academic or professional achievements:

! Projection of the applicant's future:

Date:

Address:

Place of Employment:

Name of Recommender:

Signature:

To: Executive Director of the Okinawa International Exchange & Human Resources Development Foundation

Notice: This consent form must be written by someone in a position of authority over the applicant at his or her current or most recent educational institution or place of employment.

Medical Examination Record

Name of applicant					
First	Middle	Last	Sex	Date of birth	Age
Nationality		Present address			
Date of examination			Height _____ cm Weight _____ kg		
Vision Without Glasses		Corrected		Color Vision	
Right	_____	_____	_____	Hearing Right	_____
Left	_____	_____	_____	Hearing Left	_____
Past Medical History Please indicate with + or and fill in the date of recovery					
Eyes	<input type="checkbox"/> (_____)				
Ears, Nose, Throat	<input type="checkbox"/> (_____)				
Skin	<input type="checkbox"/> (_____)				
Respiratory	<input type="checkbox"/> (_____)				
Cardiovascular	<input type="checkbox"/> (_____)				
Gastrointestinal	<input type="checkbox"/> (_____)				
Musculoskeletal	<input type="checkbox"/> (_____)				
Nervous system	<input type="checkbox"/> (_____)				
Neuropsychiatric	Epilepsy <input type="checkbox"/> (_____) Other <input type="checkbox"/> (_____)				
Infectious, Parasitic	Tuberculosis <input type="checkbox"/> (_____) Hepatitis <input type="checkbox"/> (_____) Malaria <input type="checkbox"/> (_____) Other <input type="checkbox"/> (_____)				
Sexually transmitted Infection	<input type="checkbox"/> (_____)				
Other disease or disorders _____					
Allergies	1 . None	3 . Rhinitis	5 . Foods (_____)		
	2 . Asthma	4 . Eczema	6 . Drugs (_____)		
Chest x-ray			Date _____		
Findings _____					
Urinalysis			Date _____		
Protein _____		Sugar _____		Urobilinogen _____	
General state of physical condition(Check τ)					
Excellent		Good		Fair	
				Poor	
In view of the applicant's history and the above findings, is it your observation that his/her health status is adequate to pursue studies in Japan?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
If there is any need for further observation and or treatment, please specify.					
_____ _____					

If there is any significant matter in the family's medical history, please specify.

—

—

Remarks _____

—

Name of physician(Type or Print) _____

Signature _____

Name and address of medical facility _____

Date _____

Form 12

Course Selection Form

Please check the course you want.	
· Credited Auditor Student, Course A <input type="checkbox"/>	
First choice	University
Second choice	University
Third choice	University
* Fill out all three choices, then send this document to each university chosen.	
* Applicants to Okinawa Prefectural University of Arts do not need to make a second/third choice.	
· Credited Auditor Student, Course B <input type="checkbox"/>	
First choice	University
Second choice	University
Third choice	University
Company internship	
* Fill out all three choices, then send this document to each university chosen.	
* Applicants for Okinawa Prefectural University of Arts do not need to make a second/third choice.	
* For company study, please write the field of business you want to study.	
· Traditional Arts Course <input type="checkbox"/>	
Art study choice	

* Areas of art study focus: lacquerware, sanshin making, Ryukyu/Okinawan food, bingata dyeing.
(If there are courses other than those written here the applicant wants to take, please write them below.)

(Year) (Month) (Day)

Applicant Name
Applicant Signature

Form 13

Authorization Letter

Representative's Address :

Representative's Name :

Representative's Phone Number : (_____) _____ - _____

I assign the above written person as representative, and in applying for the certificates below, delegate full responsibility to them upon receipt.

Family Register
Supplementary Forms for the Family Register

Copies
Copies

Applicant's Address :

Applicant's Name : _____

Applicant's Birthdate : _____

Applicant's Phone Number : (_____) _____ - _____

Signature _____

Form 22 (Related to Form 12)

Date

Okinawa Prefecture International Exchange and Human Resource Foundation Director

Address

Name

Personal Seal (if any)

Okinawa Emigrants' Descendent and Asian Scholarship Student Study Abroad Report

I report the following in the quarter of 201 regarding the study abroad program.

Signature_____

1 Understanding of Japan and record of interaction with Okinawan citizens

2 Thoughts, Requests

Form 23 (Related to Form 12) For University Use

Date

Okinawa Prefecture International Exchange and Human Resource Foundation Director

Address

Name

Okinawa Emigrants' Descendent and Asian Scholarship Student End of Program Report

Signature_____

Form 23 (Related to Form 12) (For Business Students)

Date

Okinawa Prefecture International Exchange and Human Resource Foundation Director

Address
Name

Okinawa Emigrants' Descendent and Asian Scholarship Student End of Program Report

Signature_____

Form 23 (Related to Form 12) (For Traditional Arts Trainees)

Date

Okinawa Prefecture International Exchange and Human Resource Foundation Director

Address

Name

Okinawa Emigrants' Descendent and Asian Scholarship Student End of Program Report

Signature