**2025–2026年度早稲田大学理工学術院**

受験番号 Application No.

※Applicants DO NOT need to fill in it.

**基幹・創造・先進理工学研究科**

**箇所間協定交流学生願書**

（追加分の写真2枚の上部だけ貼ること。)

Paste only the upper portion of the two additional photos.

Application Form for Admission to 2025-2026

Waseda University Graduate Schools of

Science and Engineering Exchange Program

**Ⅰ　志 願 者 Applicant Information**

**Please fill in your information and tick. / 以下記入およびチェックを入れてください**

フリガナ

Name in Katakana

氏名（漢字）

カラー写真

半身脱帽正面向
最近撮影のもの

（3 cm × 4 cm判）

Paste a recent color
passport sized photograph
(3 cm x 4 cm)

Must be ID photo, not the color copy.

Name in Kanji, if any

姓(Family) 名(First) (Middle)

氏名（英字）

Name in Roman Letters

(Family) (First) (Middle)

国　　 籍 生年月日

Nationality Date of Birth / / (year / month / day)

 性別：[ ] 男：Male 婚姻： [ ] 既婚：Married

 sex [ ] 女：Female Marital Status [ ] 未婚：Single

在籍学校

Current School

　　　　　　在籍課程：[ ] 大学院　　[ ] 学部

 Current Program: [ ] Graduate [ ] Undergraduate

現　住　所 〒 方 電話

Current Address c/o (Phone )

 携帯電話

E-mail Address . (Mobile )

|  |
| --- |
| **Ⅱ　志望研究　科 Intended Graduate School of Waseda** |
| 志 望 研 究 科Graduate School **※Circle one of these** | 専攻Department | 指導教員\*Name of Prospective Advisor\***※You have to select one supervisor** |
| Fundamental or Creative or Advanced  |  |   |

**Ⅲ　入学時期 Period of Admission**

[ ]  2025年 9月 September 2025

[ ]  2026年 4月 April 2026

**Ⅳ　留学期間 Period of Study**

[ ] ６ヶ月 6 months

[ ] １年 1 year

[ ] その他　 Other（　　　　　）

**Ⅴ　学　歴 Educational Background**

注意： 1) 通学した全ての教育機関（小学校、語学学校等を含む）を年代順に記入すること。

List all schools attended (including primary school, language schools, etc.) in chronological order.

Note: 2) 書き切れない場合は、任意の用紙に追記し、添付すること。

If you need more space, attach a separate piece of paper with additional information.

|  |  |  |  |
| --- | --- | --- | --- |
| 学　　校　　名Name of School | 学校所在地Location of School | 在　　学　　期　　間Period of Attendance | 学　位Degree |
|  |  | 　 　　　・　　　　　to 　　　　　・　　　　　(year)　　　　　(month)　　(year)　　　　　 (month) |  |
|  |  | 　 　　　・　　　　　to 　　　　　・　　　　　(year)　　　　　(month)　　(year)　　　　　 (month) |  |
|  |  | 　 　　　・　　　　　to 　　　　　・　　　　　(year)　　　　　(month)　　(year)　　　　　 (month) |  |
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|  |  | 　 　　　・　　　　　to 　　　　　・　　　　　(year)　　　　　(month)　　(year)　　　　　 (month) |  |
|  | 通算修学年数Total Years of Education |  |

**Ⅵ. 希望プログラム Desired Program**

[ ]  英語履修プログラム ：English-based Program

[ ]  日本語履修プログラム ：Japanese-based Program

If you would like to apply for one of the following departments, the language to be used is Japanese. Please see our site below for the departments you can apply for: https://www.waseda.jp/fsci/en/admissions\_gs/#anc\_4

|  |  |  |
| --- | --- | --- |
| Departments | Program | Language to be used in the courses |
| Department of Materials Science | Japanese-based Degree Program | Japanese |
| Department of Architecture | Japanese-based Degree Program | \* Department of Architecture will provide their courses in English or with sufficient English support, even you are accepted in Japanese based program. |
| Department of Industrial and Management Systems Engineering | Japanese-based Degree Program | Japanese |
| Department of Business Design & Management | Japanese-based Degree Program | Japanese |
| Cooperative Major in Nuclear Energy | Japanese-based Degree Program | Japanese |
| Department of Advanced Science and Engineering | Japanese-based Degree Program | Japanese |

Written Consent to Course Registration

Exchange students are allowed to take the courses which they have been given permission to take. The courses must be chosen from those offered by the Department you are to enroll in. We cannot always offer courses taught in English. In some Departments, only courses taught in Japanese are offered.

Before course registration (application), you are required to talk with and obtain consent of your academic supervisor on which courses you are going to register.

交流学生は受入教員（指導教員）が許可した科目を受講することができます。登録する科目は、入学予定の専攻が設置する科目のみを選択することができます。科目は、必ず英語で提供できるとは限りません。日本語実施の科目しか提供していない専攻もあります。科目登録前（出願前）に、どの科目を登録するか、受入教員（指導教員）の先生と話、許可をもらってから、科目登録してください。

I hereby agree with the contents written above

上記事項に同意します。

Signature（署名）

**外国語学習歴**（日本語を含む）

**Foreign Language Study** (including Japanese language courses)

|  |  |  |  |
| --- | --- | --- | --- |
|  | 外　　国　　語Foreign Language | 履　修　期　間Period of Study (Years) | 履　修　機　関Institution |
| 1. |  | 年間　 |  |
| 2. |  | 年間　 |  |
| 3. |  | 年間　 |  |

|  |  |
| --- | --- |
| **日本語能力**（熟達程度を自己評価し，チェック☑すること）**Japanese Proficiency** (Evaluate yourself and put in a check in a box.)  | 日本語学習に使用した本を記入すること。List the Japanese language textbooks used. |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 優Excellent | 良Good | 可Fair | 不可Poor |
| 読解力Reading | [ ]  | [ ]  | [ ]  | [ ]  |
| 会話力Speaking | [ ]  | [ ]  | [ ]  | [ ]  |
| 筆記力Writing | [ ]  | [ ]  | [ ]  | [ ]  |
| 理解力Understanding | [ ]  | [ ]  | [ ]  | [ ]  |

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**職　　歴　Occupational Experience**

|  |  |  |
| --- | --- | --- |
| 職　　　場　　　名Name of Employer | 所　在　地Location | 勤　務　期　間Period of Employment |
|  |  |  |
|  |  |  |
|  |  |  |

**兵　役　Military service etc.**

[ ]  終了 from / to / [ ]  未了 Yet to be done

Completed Year / Month Year / Month [ ]  なし　No obligatory military service

**家　族**（家族について記入すること）

**Family** (Fill in information about your family members)

|  |  |  |  |
| --- | --- | --- | --- |
| 続　　柄Relationship | 氏　　　名Full name in Kanji or Roman Letters | 年　　齢Age | 職　　　業Occupation |
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|  |  |  |  |
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**日本在住連絡人　Contact person ※You can skip this part if you don’t have any.**

氏　　名 本人との関係

Full name in Kanji or Roman Letters Relationship

住　　所 〒 電話

Address (Phone )

職　　業（詳細に記入すること） 電話

Occupation (in detail) (Phone )

|  |
| --- |
|  Your Research Plan is considered an important criterion for selection. If your statement of intended study plan at Waseda is not clear, or if your intention is not in line with the content of the program, school or department you wish to enter, you might not be selected. Therefore, please examine the curriculum carefully before applying. Please write your research plan including the details of your major and thesis research you are carrying out at your home university.  |

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| **早稲田大学における研究計画****Research（Study）Plan at Waseda University** |
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|  |
| 氏　　　　　　名Name | 希望指導教員名Name of Prospective Advisor  | [ ]  修士課程　Master’s Program[ ]  博士後期課程　Doctoral Program |
|  |  |

**留学にかかる経費負担計画書**

**Statement of Source of Funds**

|  |  |
| --- | --- |
| **氏名****Full Name** | **国籍****Nationality** |
|  |  |
| **出願研究科****Name of Graduate School** | **出願課程****Course** |
|  | 交流学生Exchange Student (no need to fill in) |

あなたが早稲田大学に**留学する間の総費用**の支出元を明記してください。

Please indicate below the source and amount of funding **throughout the period of your study** at Waseda University.

|  |  |
| --- | --- |
| 支出元Sources of Funds | 金額 (単位：円)Amount (Japanese yen) |
| 個人貯蓄 Personal savings | \  |
| 両親または親戚 Parent or relative |  | \  |
| （関係：（Please specify the relationship:　 | ）） |
| 政府またはその他財団 Government / sponsoring agency |  | \  |
| （名称：（Name of your sponsor: \* 奨学金受給証明書のコピーを提出してください。　\* Please attach a copy of scholarship award letter. | ）） |
| その他 Others |  | \  |
| （詳細：（Please specify the details:  | ）） |
|  **TOTAL:** | \  |

上記に示しました内容に相違ないことを誓約いたします。

I hereby certify that all information on this statement is true and accurate and that the stated funds are available for my educational expenses at Waseda University.

志望者氏名 日付

Student’s signature Date

Waseda University **Written Oath for Defraying Expenses**

（経費支弁書）

**To the Minister of Justice of Japan,**

Nationality:

Full Name(Applicant):

Date of Birth: / / ( male / female )

(month / day / year)

I agree to defray all costs for the above person during his/her stay in Japan, and therefore I will explain the circumstances of this agreement below.

1. Reason for defraying his/her expenses
Please explain in detail the circumstances where you agree to defray the applicant's costs and your relationship to him/her:

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

2. Particulars of Agreement

I (the defrayer), 　　　　　　　　, hereby, agree to defray the costs of the above person during his/her stay in Japan. In order to prove that I have defrayed his/her living expenses, I also agree to provide documents, such as copies of proof of telegraphic transfer or of his/her bank account book, when he/she applies for an extension of period of stay.

1) Tuition: ~~monthly~~ / semi-annually / annually 　　　　　　　　　　JPY

2) Living Expenses: monthly amount 　　　　　　　　　　JPY

3) Method of payment (Please explain in detail, e.g. bank transfer, money order, etc.)

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 / /

 month / day / year

Name of person defraying expenses:

(Family) (Given) (Middle)

Address: TEL

Full Name (Signature): 　　　　　　　　　　　　　　　　　　　　　　seal

Relationship to applicant: