Discuss your plan to study abroad in Japan with your academic advisor. Check for any earlier, internal deadlines with your study abroad office. Obtain appropriate signatures on the Approval Form.

Submit your online application at japanstudy.slideroom.com by the deadline.

Request an Official Transcript from each college attended. Official transcript must include fall semester grades. If fall grades will not be available by the application deadline, send an unofficial transcript until grades are posted, and then send the official.

Request a Certificate of Enrollment Verification from your Registrar’s Office. Use the attached form or your college’s alternative form.

Give Recommendation Forms to (2) of your chosen references. At least one recommendation letter must be from a professor in a department related to East Asia, Japan, or your major.

Obtain a passport. Apply immediately if you do not have a passport, or if your passport expires before the end of the program. The passport signature page must be signed in order to be valid. Copy the photo page and signature page of your passport.

Obtain 9 Official Passport Photos. See next page for details.

Sign the Waiver and Study Abroad Agreement forms (may be scanned, faxed, or mailed).

FORMS SUBMITTED MUST BE SINGLE SIDED and SIGNATURES MUST BE SIGNED. Make a high resolution color PDF of all documents before mailing to Japan Study. If accepted, you will need to upload these documents to the Waseda University student portal.

1. TO BE MAILED TO JAPAN STUDY
   - Approval Form
   - College Transcript(s)
   - Certificate of Enrollment Verification
   - Letters of Recommendation (2) (sent by professors)
   - Copy of Passport Photo Page and Signature Page
   - 8 Official Passport Photos (keep 9th for your visa)
   - Waiver with Insurance Information
   - Study Abroad Agreement

2. TO BE UPLOADED VIA SLIDEROOM
   - Student Profile Questions
   - Short Essay Questions
   - Study Plan Essay

Mailing Address:
Japan Study
Earlham College
801 National Road West
Richmond, IN 47374
**Application materials for EX Program WASEDA University**

**ID Photograph Sheet for Application**

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**9 official (2 x 2 in.) passport photos.**
Keep one photo for yourself to use in applying for a visa over the summer. Mail the remaining eight to the Japan Study office. 5 which will be pasted below.

Used for the following:
- Japan Study Student File (1)
- Certificate of Eligibility Form (1)
- International student ID card (1)
- Waseda Photo Sheet (5), pasted below

Instructions:
- Write your NAME, DOB, and home UNIVERSITY name on the back of each ID photograph.
- Stick with glue, do not use tape or stapler.
- The photograph must have been taken within 3 months before submission.
- Must be printed on photo paper
- Photos printed on regular paper will not be accepted

**Paste below: 5 head and shoulder (plain background) identical, color ID photos (3cm x 4 cm)**
(Please cut to size (3×4cm) – do not cut any of your head or shoulders off)
**APPROVAL FORM**

**Student Name:** ___________________________________________________________

**College:** _______________________________________________________________________

**Check Option:**
- [ ] Academic Year
- [ ] Fall Semester
- [ ] Fall Semester + Cultural Internship
- [ ] Spring Semester

---

### STUDENT

I do hereby authorize Japan Study to forward any of my application materials to any educational institution or personnel who expect or require such information as part of the procedure for admittance or placement related to this program. I hereby certify that the information that I have provided in this application is complete and accurate to the best of my knowledge as of this date. I authorize all College offices and personnel to release my records to Japan Study as needed to facilitate my application to the program. I further understand that, if accepted, I will be required to submit other program-specific materials.

Signature of Student ___________________________ Date ___________________________

---

### INTERNATIONAL PROGRAMS DIRECTOR

This signature affirms both your approval and the college’s approval of the student’s application to Japan Study and affirms that the student is in good academic and social standing. If not, please attach a statement regarding the details on college letterhead.

Signature of International Program Director ___________________________ Date ___________________________

Printed Name ___________________________ Email and Phone ___________________________

---

### ACADEMIC ADVISOR

This signature affirms that the student has consulted with the appropriate academic and/or faculty advisors to ensure that Japan Study is consistent with their academic program.

Signature of Academic Advisor ___________________________ Date ___________________________

Printed Name ___________________________ Email and Phone ___________________________

---

### JAPAN STUDY CAMPUS REPRESENTATIVE

This signature affirms that the student is an acceptable candidate for Japan Study.

Signature of Japan Study Campus Representative ___________________________ Date ___________________________

Printed Name ___________________________ Email and Phone ___________________________
APPLICATION ESSAYS

Instructions: Retype each question and write your answer below it. Place your name, college, and page number on each page, top and bottom. Upload essays to japanstudy.slideroom.com. Start each section on a new page.

STUDENT PROFILE QUESTIONS

A. What languages, including Japanese, have you studied? Indicate number of college years (completed or equivalent) that you will have by the end of this academic year.

B. List all East Asian related courses that you have taken or will have taken after this academic year.

C. List your overseas experience for the past five years. Include only country and days/weeks spent in country. If you have lived outside the United States for longer than 2 months, please explain the circumstances of your stay.

SHORT ESSAY QUESTIONS

Approximately 1000 total words for the following 5 questions (200 words each question).

A. What special interests do you have? In what organizations or activities are you involved?

B. How long have you been interested in Japan? In what non-course related ways have you pursued your interests? (e.g., people you have met, books you have read, etc.)

C. Learning about Japan is central to success on Japan Study. How do you plan to pursue your study of Japan outside of coursework at Waseda? Give concrete examples.

D. What are the three greatest challenges you expect to encounter in making the transition to living and studying in Japan? How would you attempt to deal with such challenges?

E. If you have chosen to apply for a semester option, Fall, Fall + CI, or Spring, please explain why you have chosen this option rather than the academic year program. Refer to course constraints or other factors that influenced your decision to apply for the semester option.

STUDY PLAN

Minimum 2 pages. The Academic Study Plan is considered an important criterion for selection. Your statement of intended study plan at Waseda should be clear, and your intention in line with the content of the program and school (SILS). Therefore, please examine the curriculum carefully before applying.

A. Explain your major, the classes you have taken, and briefly explain what you have studied. Also discuss any thesis research that you are conducting at your home college. (250 - 350 words)

B. Describe your purpose and academic objectives and goals and the academic fields in which you wish to accomplish them during your study at Waseda University in the School of Liberal Studies (SILS) and the Center for Japanese Language (CJL). How does participation on Japan Study fit into your overall four-year academic career? How do you plan to apply your study at Waseda to your future courses or research? What other objectives for learning do you have while in Japan, aside for classes and research? (800 - 900 words)

Visit japanstudy.earlham.edu/academics for information on classes at Waseda. Read the Course Registration Notes under the heading “Enrollment Requirements” in order to understand which classes you are eligible to take. Browse the course catalogue to find classes you would be interested in taking at the School of International Liberal Studies (SILS) and the Center for Japanese Language (CJL). Choose approximately 5-10 SILS courses and 4-7 CJL courses.

Please list courses you would like to take on a chart with the following fields:
School - Full Course Titles - Term (Fall or Spring)

Examples: SILS - Religions of East Asia - Spring
CJL - Comprehensive Japanese 3 – Fall
LETTER OF RECOMMENDATION FORM

◆ To the Applicant:

This form should be given to a dean, academic advisor, a full-time professor or teaching instructor at your current home college/university under whom you have studied and who is able to comment on your qualifications for study at Waseda University. Applicants waive the right to see this recommendation via the online application process.

Applicant's Name: _____________________________________________________________

◆ To the Recommender:

Letters must be signed, on college letterhead, and include this form. Please upload both the form and your letter into the applicant’s online portal. (You will receive an email requesting your reference from Slideroom).

This form is submitted to you for your opinion on the applicant’s qualifications. In this letter, the following points should be included.

☐ Academic achievements - class rank, academic strengths, etc.

☐ Behavior/Performance in the classroom or other settings
  - maturity, motivation, working well with others

☐ Skills/Capacities which the applicant needs to develop
  - social and academic, in the long run, as well as specifically during the period at Waseda University.

Please consider the following questions when writing your recommendation letter:

• Does the applicant have valid educational reasons for participating in this program?
• Describe any particular difficulty that the applicant may have with the program as a whole or with certain aspects of it, including adjusting to a new environment.
• Does the applicant have any particular strengths that will prove to be assets during the stay in Japan?
• Please add any comments you believe will be helpful to the selection committee.

Name: ___________________________________________ Position: ____________________________

Department: ___________________________ College: ________________________________

E-mail: ________________________________

Relationship to applicant: _________________ How long have you known the applicant: __________

Signature: ________________________________ Date: _____/_____/_______

If you experience problems uploading your reference, you may mail hard copies to:

Japan Study
Earlham College
801 National Road West
Richmond, IN 47374
LETTER OF RECOMMENDATION FORM

◆ To the Applicant:

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Department: __________________________ College: _________________________________

E-mail: ________________________________

Relationship to applicant: ______________ How long have you known the applicant: __________

Signature: _____________________________ Date: ______/_____/_______

If you experience problems uploading your reference, you may mail hard copies to:

Japan Study
Earlham College
801 National Road West
Richmond, IN 47374
**OFFICIAL CERTIFICATE OF ENROLLMENT**

This is to certify that the following student is registered as a regular, degree-seeking, full-time student in good standing. Registrar’s signature is evidence of official verification.

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<td>Degree to be Awarded</td>
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________________________________________________    ________________________________________________
Registrar Name                                         Date

________________________________________________
Registrar Signature

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1 Students may also use the student clearinghouse form: studentclearinghouse.org
Study Abroad Agreement

To Dean for the Center for International Education,

I, as an applicant to and participant in study abroad program Waseda University (hereafter "study abroad program"), fully understand and agree to the terms and conditions as indicated below. I also agree not to lodge any formal objection or protest in the case that I may lose the right to participate in the study abroad program or support from Waseda University by failing to comply with these terms and conditions.

1. I understand the purpose of the study abroad program will concentrate on the study to the best of my abilities. I agree to complete all the courses required by the program. I also understand that I may be required to return to my home country and will do so if my academic standing does not reach the standard of Waseda University.

2. I understand that I am not allowed to withdraw from the study abroad program, or extend and shorten the program period once I apply for Waseda University through WEB Application Registration.

3. I understand that I am a representative of my home university and must act responsibly. I agree to comply with the laws and regulations of Japan, and Waseda University while participating in the study abroad program. I will also follow the guidance of the faculty members and advisors at my host university and respect the standards of decency in Japan. I also understand that I may be required to return to my home country when I have broken the rule.

4. I will not lodge any complaint against or implicate Waseda University for the loss and/or damage caused by disaster, riot, terrorism, unforeseen accidents, infectious diseases, crimes, etc.

5. If during the period of my study abroad, I cause damage to Waseda University or a third party due to willful intent, negligence a violation of the law or public order and morals, I will not hold Waseda University responsible for the cost of damages made to a third party. If Waseda bears liability for damages made to the host university or a third party caused by myself, I will take responsibility to compensate damages incurred by Waseda.

6. I understand to enroll in a study abroad (travel) insurance plan, which covers the student from the time of departure until the time of return to their home country, in addition to the National Health Insurance Scheme.

7. I have secured permission and agreement from my financial supporter such as my guarantor to prepare sufficient financial resources for the estimated expenses for all programs which I applied during WEB Application Registration. I agree to pay designated fees (dormitory fees, etc.) by the date set by Waseda University.

8. I will stay, if any, in the accommodation designated by Waseda University. I understand that if any accommodation is not designated, I will be responsible to acquire a place to stay on my own.

9. I agree to allow Waseda University to receive my academic and/or other personal information from my home university for the purpose of the administration of the study abroad program and for my safety.

10. I agree to allow Waseda University to share the academic/personal details of myself within Waseda University for the purpose of the administration of the study abroad program and for my safety.

11. I agree to have CIE or my school office share the needed information with my guarantor and program coordinator of my home university, without obtaining my consent if Waseda University decides it to be necessary, by reason of risk management.

12. I understand that Waseda University may use the personal details I have submitted in order to contact me and to invite me to events and various briefing sessions held by Waseda University as someone who has experienced studying abroad.

________________________________________________________________________
College or University

Name

________________________________________________________________________
Student’s Signature

Date

I, as the guarantor of the aforementioned student, take full responsibility that he or she will strictly abide the terms and conditions stated above.

________________________________________________________________________
Guarantor’s Name (parent or legal guardian)

Guarantor’s Signature (parent or legal guardian)

Date

________________________________________________________________________

2 Names and signatures must be written in the individual’s own handwriting
Japan Study Waiver, Release of Liability, Indemnification, and Consent to Medical Attention

I, (full legal name) ______________________________, student at (name of college/university) ______________________________, and if I am not yet 18 years old, my parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular), in exchange for my being allowed to participate as a student in Earlham College’s JAPAN STUDY PROGRAM (the “Program”), and having the opportunity to gain academic credit through participation in this Program, hereby agree as follows:

1. Voluntary Participation
I understand and agree that my participation in the Program is voluntary. I agree to participate in and cooperate with the Program, the International Programs Office of Earlham College, the faculty leader(s) responsible to lead the Program (the “Resident Director”), and the other Program participants in all aspects of the Program. I agree to be enrolled as a full-time student throughout the Program and to abide with all Program policies and expectations. I also agree to abide by all laws and governmental regulations that apply in any jurisdiction through and to which I travel in connection with the Program. I understand that my violation of any applicable law, governmental regulation, or Program rule or regulation may lead to the immediate termination of my participation in the Program. If my participation in the Program is so terminated, I agree that I shall be solely responsible for all costs, including return travel costs, incurred in relation to my termination and the actions or inactions that led to my termination.

2. Identification of Risks
I understand and agree that the Program takes place in an area that may be characterized by significant political and social instability. In addition, I understand that there are certain dangers, hazards, and risks inherent in traveling and studying off campus, some of which are significant. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that my participation in the Program may involve risk of injury and loss, both to person and to property, including the possibility of permanent disability and death. I understand that most, if not all, of the premises, facilities, and equipment used in conducting the Program and its related activities are not owned, maintained, or controlled by Earlham or Japan Study, but rather by the premises owners (the “Premises Owners”). There may be other risks not known to Earlham or Japan Study and not reasonably foreseeable at this time. I understand that this Waiver and Release of Liability is intended to address all of the risks of any kind associated with any aspect of the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of Earlham or Japan Study or its trustees, officers, employees, agents, volunteers, successors, or assigns (“Earlham-Related Parties”), including but not limited to, risks created by the following: (a) the inadequacy or unavailability of medical facilities, treatment, and/or professionals; (b) my physical, emotional, and psychological limitations and/or discomfort; (c) the physical, emotional, and psychological limitations and/or discomfort of others; (d) the use and condition of various modes of transportation, premises, facilities, and equipment; (e) the lack or inadequacy of policies, rules, or regulations with respect to the Program; (f) the failure of Earlham or Japan Study to foresee or to protect me from actions, inactions, negligence, recklessness, or intentional or criminal misconduct of persons, other than those affiliated with Earlham and/or the Program; or (g) the inadequacy or lack of supervision by Earlham, Japan Study, or its representatives.

3. Assumption of Risk and Expense
I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with the Program and my participation in it. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my participation in the Program.

4. Release and Waiver
Although Earlham and Japan Study seeks to ensure each student’s safety while participating in the Program, there are unavoidable risks in studying off campus. By my signature below, I release Earlham, Japan Study and the Earlham-Related Parties from any and all liability for and waive any and all claims for injury, loss, expense, or damage, including attorneys’ fees, in any way connected with my participation in the Program (a “Claim”), whether or not caused in whole or in part by the negligence of Earlham, Japan Study or the Earlham-Related Parties.

5. Indemnification
I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) Earlham, Japan Study, and the Earlham-Related Parties from all Claims for any liability, injury, loss, damage, or expense, including attorneys’ fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of the Program.

6. Binding Effect
This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of Earlham, Japan Study, the Earlham-Related Parties, and their respective successors and assigns.

7. Insurance and Health Status
I understand that I must be covered by health and accident insurance during the length of the Program, and I have confirmed with my insurance provider that I will be covered outside the continental United States throughout the length of the Program. Prior to beginning the Program, I will provide Earlham and Japan Study with proof that I will be covered by insurance while I am participating in the

3 US.79100095.04
Program. My signature below certifies that I will be covered by a health and accident insurance policy for the duration of my participation in the Program. More specifically, the policy that I will be covered under is as follows:

**INSURANCE POLICY NUMBER:** __________________________________________

8. **Consent to Medical Treatment and Consent to Disclose Medical Information**

I authorize Earlham, Japan Study, the Earlham-Related Parties, and the Premises Owners, if present, to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to my participation in the Program. This consent does not impose a duty upon Earlham, Japan Study, the Earlham-Related Parties, or the Premises Owners to provide such assistance, transportation, or services. Moreover, if I have provided medical information to Earlham and Japan Study, I give my consent to Earlham and Japan Study to disclose such medical information to the host family (if any) with whom I am residing during the Program and/or to medical personnel treating me for emergency medical services. In addition, if I do receive emergency medical services during the Program, I give my consent to Earlham and Japan Study to disclose the status of my condition and treatment to my parents and/or guardians.

9. **Miscellaneous**

This agreement supersedes any previous or contemporaneous agreements or understandings with Earlham and Japan Study, whether written or oral, and cannot be changed or amended except in writing and signed by an authorized officer or agent of Earlham and Japan Study. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument. This instrument shall be governed, construed and enforced in accordance with the law of the State of Indiana.

**THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM VOLUNTARILY SIGNING THIS WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND CONSENT.**

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PARENT/GUARDIAN SIGNATURES – EACH PARENT MUST SIGN IF STUDENT IS UNDER 18 YEARS OF AGE:
In exchange for my child or ward being allowed to participate in the Program, and as the parent or legal guardian of the above-named individual, I verify that I fully understand, agree to, and accept all provisions of this Waiver, Release of Liability, Indemnification, and Consent.

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