Discuss your plan with your academic advisor. Ask about internal application deadlines at your college.

Visit japanstudy.earlham.edu/academics for information on classes at Waseda. Read the Credits Required and Course Notes for course eligibility. Browse the Syllabus Search 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 that you are interested in taking.

Request an Official Enrollment Verification letter 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 9 Official Passport Photos. See next page for details.

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

Submit your online application at japanstudy.slideroom.com by the deadline. You must use your official name as it appears on your passport for all application documents.

Request an official transcript from your Registrar’s office be mailed to our office after Fall Grades are posted. If fall grades are not be available by the deadline, send a record of your grades, e.g., an ‘unofficial’ transcript, and request an official be sent to us as soon as your grades post. In addition, we must have transcripts from any college you have attended.

Obtain a passport. Apply immediately if you do not have a passport, or if your passport expires before the end of the program. Copy the photo page and signature page of your passport. (make sure to sign it!)

FORMS SUBMITTED MUST BE SINGLE SIDED and SIGNATURES LINES MUST BE SIGNED IN INK.

1. TO BE MAILED TO JAPAN STUDY
   - Approval Form
   - Official College Transcript(s)
   - 8 Official Passport Photos (keep 9th for your visa) & ID photo sheet
   - Official Enrollment Verification
   - Color Copy of Passport Photo & Signature Page
   - Waiver with Insurance Information
   - Study Abroad Agreement

2. TO BE UPLOADED VIA SLIDEROOM
   - Student Profile Questions
   - Short Essay Questions
   - Study Plan Essay
   - Letters of Recommendation (2) (sent by professors)

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.

Mailing Address:
Japan Study
Earlham College
801 National Road West
Richmond, IN 47374

DEADLINE: January 6th

APPLICATION INSTRUCTIONS
**APPROVAL FORM**

**Student Name:**____________________________________________________________

**College:**
_____________________________________________________________________

**Check Option:**
☐ Academic Year  ☐ Fall Semester  ☐ 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 ___________________________

**STUDY ABROAD/GLOBAL EDUCATION/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 Director ___________________________ Date ___________________________

Printed Name ___________________________ Email and Phone ___________________________

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**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 ___________________________

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**JAPAN STUDY CAMPUS REPRESENTATIVE**

This signature affirms that the student is an acceptable candidate for Japan Study. Your campus rep can be found at: https://japanstudy.earlham.edu/study-japan/apply-japan-study

Signature of Japan Study Campus Representative ___________________________ Date ___________________________

Printed Name ___________________________ Email and Phone ___________________________
OFFICIAL ENROLLMENT VERIFICATION

This is to certify that the following student is registered as a regular, degree-seeking, full-time student in good standing.

<table>
<thead>
<tr>
<th>Name of Student</th>
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<tbody>
<tr>
<td>Name of College</td>
<td></td>
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<tr>
<td>Major(s)</td>
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<tr>
<td>Class Level (Fr/So/Jr/Sr)</td>
<td></td>
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<tr>
<td>Expected Date of Graduation (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Degree to be Awarded</td>
<td></td>
</tr>
</tbody>
</table>

REGISTRAR AT YOUR COLLEGE MUST SIGN AND DATE

Registrar PRINTED Name ___________________________ Date ___________________________

Registrar SIGNATURE ___________________________ Title ___________________________

Affix Seal if available
# Application materials for EX Program WASEDA University

## ID Photograph Sheet for Application

<table>
<thead>
<tr>
<th>Name of Student</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Your College/University</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

**9 official (2 x 2 in.) passport photos** — *(head and shoulder, plain background, identical, color ID 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), cut-to-size and pasted below

**Instructions:**
- Write your NAME, DOB, and home UNIVERSITY name on the back of each ID photograph.
- Affix photo to box below with gluestick, 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 5 photos below, cut to approximately (3 cm x 4 cm)**
*(DO NOT CUT YOUR HAIR, HEAD OR SHOULDERS OFF, EVEN IF PICS ARE LARGER)*

![Photo sheet diagram](image-url)
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.

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 from 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 or 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.

Treatment of personal data by Waseda University:
Waseda University ("Waseda"), being fully aware that the protection of personal data is a basic requirement derived from human dignity, established the “Regulations on Privacy and Data Protection” in May 1995 and has taken strict care in its handling of personal data. As the “Law concerning Protection of Private Information (Privacy Law)” came into force in its entirety on April 1, 2005, Waseda will continuously endeavor to comply with the law and control and manage personal data in a safe and adequate manner. Therefore, please read the following information and submit the “Consent for the Treatment of Personal Data” signed by both the student and the guarantor together with other enrollment documents.

1. Collection of Personal Data and Purpose of Use of Personal Data
   Personal data means any information relating to a student, guarantor, faculty or staff member or other individual by means of which that individual is identified or identifiable. Waseda will collect only such personal data as is deemed necessary for education and research, student assistance, or university administration, for the following purposes. In addition, Waseda may communicate with the student or the guarantor based on the collected personal data if necessary.

   <Purpose of Use>
   (i) Management of student registration, management of changes in student registration, health management, scholarship management;
   (ii) Registration for courses, management of student results, class management;
   (iii) Management of information on internal admission to the undergraduate or graduate school or change of school, or careers after graduation;
   (iv) Issuance of student identification cards or various certificates;
   (v) Management of tuition and fees information, management of account information;
   (vi) Assistance in student life and extracurricular activities;
(vii) Preparation and management of job-related information;
(viii) Management of use of facilities and equipment within the University, management of security camera footage;
(ix) Management of library use information;
(x) Dispatch of the academic transcript and information regarding the student’s academic standing to the guarantor;
(xi) Consultation with the guarantor on the student’s results or course selection;
(xii) Public relations magazines of the University and affiliated schools, information on events, announcements relating to fund-raising for the University;
(xiii) Dispatch of various types of information to graduates;
(xiv) Provision of information to partner universities based on academic exchange agreements or such other arrangements;
(xv) Provision of necessary information to Student Health Insurance Union (Gakusei Kenkou Hoken Kumiai) of Waseda University (Administrator: Administrative Director, Student Affairs Division);
(xvi) Provision of necessary information to Waseda University Alumni Association (Administrator: President of Waseda);
(xvii) Provision of necessary information to the academic organizations (Administrator: Dean of each school) composed of students and faculty within the undergraduate or graduate school to which the student belongs;
(xviii) Provision of necessary information to the Faculty and Staff Union for the purpose of promoting public grants;
(xix) If applicable, management of on-campus employment, payment of wages and allowances; and
(xx) Improvement of Waseda University’s educational and research programs, entrance examinations, and student recruitment activities.

(xxi) Verification of identity, based on student-submitted photos and their scanned data, required to process internal administrative procedures as well as to enable a variety of web-based services offered within the University.

2. Safekeeping of Personal Data
Waseda will strictly keep personal data secure from unauthorized use, loss, destruction, falsification, and leakage, and will provide education and training for personal data management to the faculty, staff or other persons engaged in the affairs of Waseda who handle personal data.

3. Provision of Personal Data to a Third Party
Waseda will not provide personal data to a third party without the consent of the data subject unless any of the exceptions defined in the Law and Rule applies.

4. Outsourcing of University Operations to a Third Party
Waseda University may entrust all or parts of bulk-mailing or data-entry operations to a third party. In such a case, Waseda University requires the third party (through a contract and other means) to handle personal data adequately and appropriately so that the personal data will not be leaked, lost or misused.

5. Disclosure and Correction of Personal Data
The student and guarantor may request disclosure or correction of personal data at the affiliated school, any undergraduate or graduate school to which the student belongs, or such other place where personal data is kept.

University: ______________________________ Name: ______________________________
Student's Signature: ______________________________ Date: ______________________________

(Name and signature of the student must be in the student’s own handwriting)

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 (Parent) Name: ______________________________ Guarantor’s (Parent) Signature: ______________________________
Guarantor's Relation: ______________________________ Date: ______________________________
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 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 COMPANY NAME AND 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.

Name ____________________________
Signature ____________________________
Date ____________________________

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.

Name ____________________________
Signature ____________________________
Date ____________________________

Name ____________________________
Signature ____________________________
Date ____________________________

Name ____________________________
Signature ____________________________
Date ____________________________
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.

Section I: 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.

Section II: SHORT ESSAY QUESTIONS

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. An integral part of the program is the Cultural Internship. Tell us how you see the CI enhancing your 4-year plan, goals, and development of your understanding of Japan. Please refer to CI locations for information at https://japanstudy.earlham.edu/cultural-internships. Which locations appeal to you and why?

Section III: STUDY PLAN

Minimum 2 pages plus course chart. The Academic Study Plan is considered an important criterion for selection. Your study plan at Waseda should be clear, and your intention in line with the content of the program and courses at the School of International Liberal Studies (SILS).

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 academic objectives and goals and how they relate to the courses and field of study you wish to focus on at Waseda University in the School of Liberal Studies (SILS) and the Center for Japanese Language (CJL). How does this program fit into your overall four-year academic plan? How will you apply your study at Waseda to your future courses or research? (Refer to specific courses in your course chart (see D, below) whenever possible). Elaborate on any other academic objectives for learning do you have while in Japan. (800 - 900 words)

C. If you have chosen to apply for a semester option, 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.

D. ATTACH A LIST OF COURSES that you would like to take in a chart with the following fields:

   School (SILS & CJL) Full Course Title Term (Fall or Spring)

Example: SILS ------ Religions of East Asia - -----Spring Semester
Example: CJL ------ Comprehensive Japanese 3 - -----Fall Semester

(*You will be studying in 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)

Course List and Syllabus Search

1. For Term, choose Fall/Winter or Spring/Summer
2. For Language, choose English
3. For School, choose SILS
4. For Course Category, students MUST choose Advanced / Intermediate courses. NO Seminar courses.
5. Click Search. To get course descriptions and credit hours, click the "Choose" button on the right.
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: ______________________ Phone: ______________________________

Relationship to applicant: _______________ How long have you known the applicant: ___________

Signature: ______________________ Date: _____/_____/_______

Please upload this form and your scanned recommendation letter on letterhead with signature using the email link sent to you via Slideroom. However, if you experience problems uploading your reference, you may mail hard copies or email a color scan to:

japanstu@earlham.edu / Japan Study / Earlham College / 801 National Road West / Richmond, IN 47374
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.

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Name: __________________________
Position: __________________________

Department: __________________________
College: __________________________

E-mail: __________________________
Phone: __________________________

Relationship to applicant: ________________
How long have you known the applicant: ____________

Signature: __________________________
Date: ______/______/________

Please upload this form and your scanned recommendation letter on letterhead with signature using the email link sent to you via Slideroom. However, if you experience problems uploading your reference, you may mail hard copies or email a color scan to:

japanstu@earlham.edu / Japan Study / Earlham College / 801 National Road West / Richmond, IN 47374