

佐賀大学大学院戦略的国際人材育成プログラム
理工学研究科（外国人奨学生）
学生募集要項

**Strategic International Postgraduate Program (SIPOP)
at Saga University**

2024

Guide for Application for Foreign Scholarship Students

Application Deadline: June 7, 2024.

Academic Year Start: October 1, 2024.

Graduate School of Science and Engineering
SAGA UNIVERSITY

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**Strategic International Postgraduate Program (SIPOP)
at Saga University**

2024

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<i>Organic Materials Chemistry</i>	
Laboratory of Advanced Organic Materials	
Academic Staffs:	Narita, T.
Research Fields:	Education and studies on syntheses, structures and properties of polymers and functional organic materials, Polymeric material sciences, Structure of organic thin films
Laboratory of Advanced Biological Materials	
Academic Staffs:	Osada, S.
Research Fields:	Synthesis and structure of biologically active peptides, Chemistry of ion channel forming peptides, Mechanism-based design and synthesis of enzyme or receptor inhibitors
<i>Environmental Physical Chemistry</i>	
Laboratory of Physical Chemistry for Biological Molecules	
Academic Staffs:	Unno, M.
Research Fields:	Molecular Spectroscopy, Biophysics of Photoreceptor Proteins
Laboratory of Physical Chemistry of functionalized materials	
Academic Staffs:	Sakaguchi, K.
Research Fields:	Functionalized carbon materials, Fabrication and evaluation of organic devices
Laboratory of Bioelectrochemistry	
Academic Staffs:	Tominaga, M.
Research Fields:	Bioelectrochemistry, Bio-fuel cell
<i>Environmental Chemistry and Engineering</i>	
Laboratory of Environmental Chemical Engineering	
Academic Staffs:	Ohto, K. Morisada, S.
Research Fields:	Advanced environmental chemistry
Laboratory of Solution Chemistry	
Academic Staffs:	Umecky, T. Kodama, H.
Research Fields:	Education and studies on structure and dynamics of liquids and solutions, Mixing state of binary solutions on nano-scale, Solvation structure of biomolecules in binary solutions, Physicochemical properties of room-temperature ionic liquids, Structure and dynamics of liquids confined in nano-space

STRATEGIC INTERNATIONAL POSTGRADUATE PROGRAM
(SIPOP)
AT THE GRADUATE SCHOOL OF SCIENCE AND ENGINEERING
SAGA UNIVERSITY

2024

APPLICATION FORM

INSTRUCTION (記入上の注意)

1. The application should be typewritten if possible, or neatly handwritten in block capitals.
(タイプまたは手書きのブロック体で明瞭に記入すること。)
2. Numbers should be written in Arabic figures.
(数字は算用数字を用いること。)
3. Year should be written in the Anno Domini system.
(年号はすべて西暦とすること。)
4. Proper nouns should be written in full and not be abbreviated.
(固有名詞はすべて正式な名称とし、一切省略しないこと。)
5. Enter the address below for notifying the result of the selection.
(合格通知書等の送付先を下記欄に記入のこと。)

<p>To :</p> <p>Name : _____</p> <p>Present : _____ Address _____ _____</p> <p>Tel/Fax _____</p>
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**STRATEGIC INTERNATIONAL POSTGRADUATE PROGRAM (SIPOP)
AT THE GRADUATE SCHOOL OF SCIENCE AND ENGINEERING
SAGA UNIVERSITY**

(GRADUATE SCHOOL OF SCIENCE AND ENGINEERING)

2024年度佐賀大学大学院戦略的国際人材育成プログラム（理工学研究科博士後期課程）入学志願票

Department of Science and Advanced Technology

Courses:

- Mathematical and Information Science
 Mechanical and Electrical Energy Engineering
 Civil Engineering and Architectural Design
 Biological and Material Engineering

Chair
_____Field
_____Name of the desired supervisor (指導を希望する主指導教員名をかならず記入すること。)

Paste your passport
photograph taken
within the past 6 months.
Write your name and
nationality in
block letters on the
back of the photo.

(Size (6×4cm))

1. Name in full, in native language (姓名(自国語))
_____, _____, _____

(Family name)

(First name)

(Middle name)

(Sex)

 Male (男) Female (女)In Roman letters (ローマ字)
_____, _____, _____

(Family name)

(First name)

(Middle name)

(Marital Status)

 Single (未婚) Married (既婚)

2. Nationality

(国籍) _____

3. Date of birth (生年月日) Year _____, Month _____, Date _____, Age _____ (As of April 1st, 2024)

(年) (月)

(日)

(年齢)

4. Present status; with the name of the university attended or of the employer.

(現職:在学大学名又は勤務先名まで記入すること)

5. Present address and telephone number, facsimile number or E-mail address

(現住所、電話及びファクシミリ番号又は電子メールアドレス)

(Office):

Telephone number _____

Facsimile number _____

E-mail address _____

(Home):

Telephone number _____

Facsimile number _____

E-mail address _____

6. Permanent address (本籍)

7. Field of study specialized in the past (Please describe in detail as concrete as possible.)

(過去に専攻した専門分野(できるだけ具体的に詳細に書くこと))

8. Educational background (学歴)

		Name and address of school (学校名及び所在地)	Officially required years of schooling	Year and month of entrance and completion (入学及び卒業年月)	Major subject (専攻科目)	Diploma or degree awarded (学位・資格)
Elementary Education (初等教育)		Name (学校名)	years (年)	From (入学)		
Elementary School (小学校)		Location (所在地)		To (卒業)		
Secondary Education (中等教育)	Lower (中学)	Name (学校名)	years (年)	From (入学)		
		Location (所在地)		To (卒業)		
Secondary School (中学及び高校)	Upper (高校)	Name (学校名)	years (年)	From (入学)		
		Location (所在地)		To (卒業)		
Higher Education (高等教育)		Name (学校名)	years (年)	From (入学)		
Undergraduate Level (大学)		Location (所在地)		To (卒業)		
Graduate Level (大学院)		Name (学校名)	years (年)	From (入学)		
		Location (所在地)		To (卒業)		
Total years of schooling mentioned above (以上を通算した全学校教育修学年数)			years (年)			

* In the case, the blank spaces above are not sufficient for information required, please accompany this form by an attached sheet. ((注)上欄に書ききれない場合には、適当に別紙に記入して添付すること。)

9. State the titles or subjects of books or papers (including graduation thesis authored by applicant), if any, with the name and address of publisher and the date of publication.

(著書、論文、(卒業論文を含む)があればその題名、出版社名、出版年月日、出版場所を記入すること。)

* Accompany this form with a summary of the papers mentioned above.((注)論文の概要を添付のこと)

10. Employment Record; Begin with the most recent employment, if applicable. (職歴)

Name and address of organization (勤務先及び所在地)	Period of employment (勤務期間)	Position (役職名)	Type of work (職務内容)
	from to		
	from to		
	from to		

11. Japanese language background, if any (日本語の学習歴)

i) Name and address of institution (学習機関及びその住所)

ii) Period of study: from _____ to _____, _____
 (学習期間) Year (年) Month (月) Year (年) Month (月) Years (年間)

iii) Name of teacher (教師名)

iv) Japanese language proficiency: Evaluate your level and mark with a × where appropriate in the following categories. (日本語能力を自己評価のうえ、該当欄に×印を記入すること。)

	Excellent(優)	Good(良)	Poor(不可)
Reading (読む能力)			
Writing (書く能力)			
Speaking (話す能力)			

12. Foreign language proficiency: Evaluate your level and mark with a × where appropriate in the following categories. (外国語能力を自己評価のうえ、該当欄に×印を記入すること。)

	Excellent(優)	Good(良)	Poor(不可)
English(英語)			
French(仏語)			
German(独語)			
Spanish(西語)			

13. Family background (家族状況)

Name(氏名)	Relationship (続柄)	Age (年齢)	Occupation (職業)	Address (住所)	Living or Deceased (生死)	* Check your accompanying dependents to Japan. (注) 渡日する場合、同伴予 定の家族には該当欄に× 印を記入すること。
	Father(父)					
	Mother(母)					
	Spouse(配偶者)					

* All expenses incurred by the presence of dependents must be borne by the grantee. He/She is advised to take into consideration the various difficulties and great expense that will be involved in finding living quarters for them.

(注) 同伴者に必要な経費はすべて留学生の負担であり、また家族用の宿舎を見つけることは相当困難であり、賃貸料も非常に割高になるため、あらかじめ承知されたい。

Form B

*受験番号
第 号

APPLICATION FOR SAGA UNIVERSITY SCHOLARSHIP

佐賀大学奨学金留学生申請書 (別紙)

1. Name in full, in Roman block capitals (姓名を記入, ローマ字で表記)

_____, _____
(Family name) (First name) (Middle name)

(Sex)

Male (男)

Female (女)

2. Date of birth (生年月日)

Year (年) Month (月) Date (日) Age (年齢) As of April 1, 2024
(2024年4月1日現在の年齢)

3. Nationality (国籍)

4. Present address, telephone and facsimile number, E-mail address

(現住所及び電話, ファクシミリ番号, Eメールアドレス)

Paste your passport
photograph taken
within the past 6 months.
Write your name and
nationality in
block letters on the
back of the photo.

(Size (6×4cm))

5. The institution you have graduated/will graduate. (卒業した, あるいは卒業予定の機関)

Institution (機関) Year (年) Month (月)

Conferred Degree : a) Bachelor Degree b) Master's Degree c) Doctoral Degree
(取得学位) (学士) (修士) (博士)

6. Field of study in Japan (日本での専攻希望)

7. If you are applying for other scholarships, state the name of sponsor, duration, amount, etc.

(他の奨学金に応募している場合は, その名前, 期間, 金額等を記入すること。)

8. Have you ever joined the partnership program of Saga University and/or the collaboration studies with professors of Saga University? If so, please give the period, the name of the program and/or the research projects, etc.

(今までに佐賀大学の教授とのパートナーシッププログラムや共同研究に参加したことがあれば, その期間・プログラム名やプロジェクト名を記入すること。)

i) Yes, I have. Period: _____ Program and/or Project name:
(ある) Professor's name: _____

ii) No, I have not.

(ない)

専攻分野及び研究計画
Field of Study and Study Program

Name in full, in native language _____ , _____ , _____
(姓名 (自国語)) (Family name) (First name) (Middle name)

Nationality _____
(国籍)

Proposed study program in Japan; State, in more than 600 words, the details of your major field of study and study program based on your experiences of the partnership program or the collaboration studies with Saga University. This item will be used as one of the most important references for selection. Statement must be typewritten in block letters. Additional sheets of paper may be attached if necessary.

日本での研究計画(この研究計画は、選考の重要な参考となるので、専攻分野、研究計画をパートナーシッププログラムや共同研究の経験に基づいて、600字以上で詳細に記入すること。記入は、タイプ又はワープロによるものとし、必要な場合は別紙に追加してもよい)

1. Field of study (専攻分野)

2. Study Program in detail . (研究計画;詳細に記入すること。)

3. Describe the experience of the partnership program and/or collaboration studies with the professors of Saga University in detail. (佐賀大学の教授とのパートナーシッププログラムや共同研究の経験を詳細に記入すること。)

健康診断書

CERTIFICATE OF HEALTH (to be completed by examining physician)

日本語又は英語により明瞭に記載すること。
Please fill out (PRINT/TYPE) in Japanese or English.

氏名 Name: _____, _____, _____
 Family name, First name Middle name
男 Male 生年月日 Date of Birth: _____ 年齢 Age: _____
女 Female

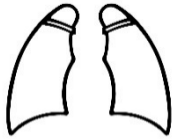
1. 身体検査
Physical Examinations

- (1) 身長 _____ cm 体重 _____ kg
 Height Weight
- (2) 血圧 _____ mm/Hg ~ _____ mm/Hg 血液型 Blood Type

A B O	RH + -
-------	--------

 脈拍 整 regular
 Blood pressure Pulse 不整 irregular
- (3) 視力 Eyesight: (R) _____ (L) _____ (R) _____ (L) _____
 裸眼 without glasses 矯正 with glasses or contact lenses
- (4) 聴力 正常 normal 低下 impaired 言語 正常 normal 低下 impaired
 Hearing: speech:

2. 申請者の胸部について、聴診と X 線検査の結果を記入してください。X 線検査の日付も記入すること。(6 ヶ月以上前の検査は無効。)
 Please describe the results of physical and X-ray examinations of applicant's chest X-ray (X-ray taken more than 6 months prior to the certification is NOT valid).



肺 正常 normal 異常 impaired lung: Cardiomegaly: 正常 normal 異常 impaired

←Date _____
 Film No. _____

↓
 異常がある場合
 心電図 Electrocardiograph: 正常 normal 異常 impaired

Describe the condition of applicant's lung.

3. 現在治療中の病気 Yes (Disease: _____) No
 Disease Treated at Present

4. 既往症
 Past history: Please indicate with + or - and fill in the date of recovery

Tuberculosis..... (. . .) Malaria..... (. . .) Other communicable disease..... (. . .)
 Epilepsy..... (. . .) Kidney Disease..... (. . .) Heart Diseases..... (. . .)
 Diabetes..... (. . .) Drug Allergy..... (. . .) Psychosis..... (. . .)
 Functional Disorder in extremities..... (. . .)

5. 検査 Laboratory tests
 検尿 Urinalysis: glucose (), protein (), occult blood ()
 赤沈 ESR: _____ mm/Hr, WBC count: _____ /cmm 貧血
 Hemoglobin: _____ gm/dl, GPT: _____ anemia

6. 診断医の印象を述べて下さい。
 Please describe your impression.

7. 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか？
 In view of the applicant's history and the above findings, is it your observation his/her health status is adequate to pursue studies in Japan? Yes no

日付 _____ 署名 _____
 Date: Signature:

医師氏名
 Physician's Name in Print: _____

検査施設名
 Office/Institution: _____
 所在地
 Address: _____

RECOMMENDATION AND CERTIFICATION

By the Head of Applicant's University or Institute

TO: President of Saga University

This is to recommend Mr./Ms. _____

as a candidate for a Scholarship Winner in your University.

Mr./Ms. _____

I certify that Mr./Ms. _____ will enter
your university in October 2024 if he/she is awarded the Saga University Scholarship.

Date: _____

Recommender's name: _____
in Roman block letters: _____

Signature: _____

Title _____

Institution: _____
(or Company) _____

Present Address: _____

