Application Form 2022 September Entry

Admission by Recommendation (Taiwan)



APPLICANT NAME

Waseda University, School of Social Sciences, Transnational and Interdisciplinary Studies in Social Innovation (TAISI) Program

| * Type or w | vrite in English | in black ink. * | A non-refu | indable ap | plication fe | e must ac | company th | nis applica | ation. See | section ' | 10. * Ensu | e that you c | complete | the check | list and si | ign the dec | laration. | See se | ctions 8 | and 12. | | |
|-----------------------------|-----------------------|--------------------------------|--------------|-------------------------------------|--------------------------|-----------------------|-------------------|-------------|------------|-------------|---------------|--------------|----------|-----------|-------------------------|-------------------------|-----------|--------|----------|---------|---------|-------|
| Secti | on 1 | Perso | onal I | Deta | ils | | | | | | | | | | | - | | | | | | |
| * Type or writ | te in black ink | using BLOCK | LETTERS | (as writter | n in your pa | assport). | | | | | | | | | | | | | | | | |
| FAMILY NA * full legal n | | | | | | | | | | | | | | | | | | | | | | |
| GIVEN NAM * full legal n | | | | | | | | | | | | | | | | | | | | | | |
| MIDDLE NA * full legal n | | | | | | | | | | | | | | | | | | | | | | |
| NAME in C characters | hinese | | _ | | | | | - | | | ME in KAT | AKANA: | | | | | _ | | | | | |
| Date of Bir | | Year: | | | | | Month: | | | | Date: | | | | ex (Leg Check | jal): ⊒✔ one. | N | lale: | | F | Female: | |
| CUPPE | | ESS * in Eng | lich | | | | | | | | | | | | | | | | | | | |
| CORRE | | ESS ^a in Enç | jiisn | | | | | | | | | | | | | | | | | | | |
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| *Write it in | Chinese char | acter if possible | Э | | | | | | | | | | | | | | | | | | | |
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| Postcode | e/ | | Co | untry/ | | - | | | | | | | | | | | | | | | | - |
| Zip: | | | | gion: | | | | | | | | | | | | | | | | | | |
| Telephon | | ntry Code, Area C | ode, Local C | Code) | | | | | | | | | | | | | | | | | | |
| Mobile: | *(Cou | ntry Code, Area C | ode, Local C | code) | | | | | | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | | | | | | | | | | - |
| E-mail: *mandatory | y | | | | | | | | | | | | | | | | | | | | | |
| Country | / Region of | Citizenship | : | | | | | | | | | | | | | | | | | | | |
| Do you h | ave a Japa | nese Visa? | | | No | | Yes | | | | | | | | | | | | | | | |
| * Check E | 」✔ one. please spe | cify | | | | | | | | | | | | | | | | | | | | |
| Date of e | xpiry | | | | - | | | | | - | | | | | | | | | | | | |
| What is y | /our first la | nanaae, | | | | | | | | | | | | | - | | | | | | | |
| *check o | ne. | | | | ninese | | | glish | | | ner(specify) | | | | _ | | | | | | | |
| *If Englis received: | | first langua | ge, indic | ate the | number | of years | s of Engli | ish inst | ruction | you ha | ive | | | Yea | rs | | | | | | | |
| Secti | on 2 | Photo | ograp | bh | | | | | | | | | | | | | | | | | | |
| | | | | | 4.0 | | | | | <u> </u> | | | | | | | | | | | | |
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| | | | | | ptembe | | | | | vv a | Seua | Uni | vers | SILY | | | | | | | | |
| | A# 20 | h Your | P | dmissio | n by Rec | ommend | lation (Tai | | A ME . | | | | | | | <0#i | |)nh/2 | | | | |
| | Alla | in rour | | * Taken o 2021. | n or after [| December | 1 st , | AMILY N | AME: | | | | | | | <0m | ce Use C | /niy> | | | | |
| | Color P | hotograph | | | | n the back | | GIVEN NA | AME: | | | | | | | - | | | | | | |
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| | | | | plain bac * Look str head unc | aight ahea | ad with you | ır N | MIDDLE N | NAME: | | | | | | | | | | | | | |

APPLICANT NAME

| Section 3 | Department of 0 | Choice | | | | |
|---|---|---|-------------------------------|--------------|--|--|
| - | f your choice and check $\Box \checkmark$. | | | | | |
| | School | Course | Department | check 🗆 🗸 | | |
| School of | Social Sciences | Transnational and Interdisciplinary Studies in Social Innovation (TAISI) | Department of Social Sciences | | | |
| _ | | | | | | |
| Section 4 | Educational Bac | | | | | |
| | logical order, all schools attended start of School | Name of School | Period of A | ttendance | | |
| City: | Country / Region: | | Year: Month: | Year: Month: | | |
| City: | Country / Region: | | Year: Month: | Year: Month: | | |
| City: | Country / Region: | | Year: Month: | Year: Month: | | |
| City: | Country / Region: | | Year: Month: | Year: Month: | | |
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| City: | Country / Region: | | Year: Month: | Year: Month: | | |
| City: | Country / Region: | | Year: Month: | Year: Month: | | |
| Date of High School (| Graduation: Year | Month Date: | | | | |
| | | | | | | |
| | | | Total Period of Education: | Years Months | | |
| | | | | | | |
| Section 5 | Score Card of | English Language Proficiency Test | | | | |
| * Please write your results * For TOEFL-iBT and IELT | in the following tests. IS, make sure to order the organiza t | ion to send the score to us. | | | | |
| | Date Taken (Year / Month |): Score Report to Be Score: Sent from Institutio * Check □ ✔ | e Directly on: | | | |
| TOEFL-iBT: | Year | Month | | | | |
| IELTS: | Year | Month | | | | |
| GEPT(全民英検): | Year | Month | | | | |
| | | | | | | |

| ection 6 | Recon | nmendation Eligibility Check | Section 10 | Screening | Fee | | | | | |
|--|---------------------------------------|---|--|--|---|--------------------------------|--|--|--|--|
| lease be sure to check 🗌 | | · · | * A non-refundable Screening F processed unless accompanie details refer to the application | ee must be paid with each a ed by the Screening Fee. Pa | application form submi | | | | | |
| | | nsnational and Interdisciplinary Studies in Social Innovation Social Sciences, Waseda University as your first choice. | | eening fee. I am attachin e Application Form and | | | | | | |
| You are schedul | ed to graduate fr | om your high school by <u>September 20, 2022</u> . | Section 11 How I found out about the SSS TAISI | | | | | | | |
| You are recomm | ended by the pri | ncipal of your high school. | * To be completed by all applicants. We would be grateful if you could let us know how you found out about the SSS TAISI Program. Please check □ ✓ one box only. | | | | | | | |
| | | :百分比一覽表", your "総平均" must be ranked within the per ranked within top 30%. | Visiting Waseda University Staff Member Waseda University Waseda Universit | | | | | | | |
| You are able to s TOEFL-iBT (a | ubmit one of sco total score of 79 | ore cards listed below. ∂ or higher) | | | | | | | | |
| · IELTS (Acade | , . | • | Advertisement in / Magazine | ther Website specify | | | | | | |
| | | | Waseda Universit | ty Representative | | seda Univ. Information Sessior | | | | |
| Section 7 | Intervie | ew Confirmation | Family / Friends | | Ed | ucation Fair | | | | |
| | | dule listed on the guideline and check $\Box u$. | Your High Schoo | | | | | | | |
| Inter | net telecomm | unication system | Other *specify | | | | | | | |
| | | | (| | |) | | | | |
| ection 8 | Check | List (Application Documents) | Section 12 | Declaration | n and Sigr | nature | | | | |
| Complete the following che the your application. | cklist before submi | tting and include original or certified copies of the following documents | * Once you have completed all to indicate you agree with its | | s section (Declaration | and Signature) below and sign | | | | |
| Yes | No | 1: Application form | 1. I declare that I wi recommendation of | | | es/colleges by | | | | |
| Yes | No | 2: Statement of Purpose | 2. I declare that I wi | - | | pplication. | | | | |
| Yes | No | 3: Certificate of Expected Graduation | 3. I declare that the info | mation provided by me | is true and comple | te in every particular. | | | | |
| Yes | No | 4: Academic Transcript | I acknowledge that all documents submitted become the property of Waseda University and will not be returned. | | | | | | | |
| Yes | No | 5: 學生個人成績暨分數百分比一覽表 | 5. Lacknowledge that th | e provision of incorrect i | nformation or the w | uithholding of relevant | | | | |
| Yes | No | 6: Translation(s) of 3/4 above Notarized by your high school, an Embassy or another Appropriate Office officially approved by the government | 5. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application, including academic transcripts, might invalidate my application and that Waseda University may withdraw an offer of a place or cancel my enrollment in consequence. | | | | | | | |
| Yes | No | 7: Score Card of English Language Proficiency Test | if any of the material pre | sented to support my ap | oplication is found t | | | | | |
| Yes | No | 8: Letter of Recommendation | 7. I consent to any educational institution at which I have previously been a student and/o current or any past employer, providing Waseda University with information which that institution holds about me for the purpose of Waseda University verifying my grades and/o qualifications or experience. | | | | | | | |
| Yes | No | 13: Certificate of Residence in Japan "if you hold a valid status of residence in Japan | 8. (In the case that the applicant asks Waseda University to submit an application for a Certificate of Eligibility on the applicant's behalf) I acknowledge that Waseda University will not be held responsible for any loss incurred should the Ambassador/Consul of Japan decide to delay or deny my request for a student visa due to a problem with the documents I submitted. | | | | | | | |
| | | | In the case that the a for a Certificate of Eligib will not be held responsi decide to delay or deny | ility on the applicant's be ble for any loss incurred | ehalf) I acknowledg should the Ambas | e that Waseda University | | | | |
| Section 9 | Chec | k List (COE documents) | | e able to abide by the st | atutes, regulations | and policies on admission, | | | | |
| * Check $\Box \checkmark$ one. | | | | | • | nd accept them in full. | | | | |
| I desire to have Was the "Certificate of Elig Immigration Bureau | gibility (COE)" fro | om the Tokyo Yes No | Student Signature : | | | | | | | |
| *If "Yes", complete the fo | llowing checklist be | fore submitting and include the following documents with your application | FULL NAME : *PRINT as written in you | ur passport | | | | | | |
| Yes | No | 9: Certificate of Deposit Balance of a Bank Account | Date: Year | | Month | Date | | | | |
| Yes | No | 10: Agreement for Defraying Expenses | | | | | | | | |
| | No | 11: Application for Certificate of Eligibility (COE) | | | | | | | | |
| Yes | NO | The Application for Certificate of Eligibility (COE) | | | | | | | | |