（FOR INTERNATIONAL STUDENTS）　　〔Form No.3〕

REPORT OF ECONOMIC BALANCE

Date: , th,

|  |  |  |  |
| --- | --- | --- | --- |
| Graduate School of ( ) | | Undergraduate / Master / Ph. D | |
| Student ID |  | Name |  |

To: President of Kobe University

I state my prospective economic balance in the table below.

\*Monthly income must be equal to monthly expenditure.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INCOME (\) | | | | | | EXPENDITURE (\) | | | | |
| Items | | Applicant | | Spouse | 大学記入欄 | Items | | Applicant | | Spouse |
| **Regular Job**/定職 | |  | |  |  | **Tuition**/授業料 | | 免除申請中 | |  |
| **Part Time Job**/パート | |  | |  | **Commuting**/通学費 | |  | |  |
| **Remittance from Parents /**仕送り | |  | |  | **Textbooks**/教科書 | |  | |  |
| **Withdrawal from Bank**  預貯金引出し | |  | |  | **Stationary**/文具 | |  | |  |
| **House Rent**/家賃 | |  | |  |
| Others ( )  ( ) | |  | |  | **Clothing**/衣服 | |  | |  |
|  | |  | **Food**/食料 | |  | |  |
|  | |  | **Utility**/光熱水費 | |  | |  |
|  | |  | **For Child**/養育費 | |  | |  |
| **【Scholarship】**  **Applicant / 本人奨学金(2021.4～)**  Foundation：　　　　　　　　　　　　 Monthly Amount：　　　　　　　　　円  **Spouse　/ 配偶者奨学金**  Foundation：　　　　　　　　　　　　 Monthly Amount：　　　　　　　　　円 | | | | | **Medical Care**/医療 | |  | |  |
| **Others**/その他  **( )**  **( )**  **( )**  **( )** | |  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Total Income** | |  | | | **Total Expenditure** | |  | | |
| Please match the amount of income and expenditure. | | | | | | | | | | |
|  | No. | | Workplace | | | | Bonus / 賞与 | | Annual Salary（\）  (年額) | |
| Applicant  (申請者) | No.1 Details | |  | | | | □Yes　□No | |  | |
| No.2 Details | |  | | | | □Yes　□No | |  | |
| Spouse  (配偶者) | No.1 Details | |  | | | | □Yes　□No | |  | |
| No.2 Details | |  | | | | □Yes　□No | |  | |