TUITION FEE APPLICATION FORM

To: President of Kobe University

Date of Application: , th, 2019

I hereby apply for tuition fee exemption of (1st / 2nd) semester 2019 together with supporting documents.

Date of Enrollment	, th,

①Applicant and Spouse

KATAKANA	KATAKANA	Department of ( ) Graduate School of ( ) Master's Course / Doctoral Course	STUDENT ID
NAME OF APPLICANT AGE	NAME OF SPOUSE AGE		
Contact: Post Code : Address: E-mail:		Homeland: Post Code : Address:	

Scholarship		2018 record			2019 record			大学記入欄
	Applicant	No.1	(Foundation)	(Annual) ,000yen	No.1	(Foundation)	(Annual) ,000yen	
		No.2	(Foundation)	(Annual) ,000yen	No.2	(Foundation)	(Annual) ,000yen	
	Spouse	No.1	(Foundation)	(Annual) ,000yen	No.1	(Foundation)	(Annual) ,000yen	
		No.2	(Foundation)	(Annual) ,000yen	No.2	(Foundation)	(Annual) ,000yen	

Income		Salary	Others	Salary	Others	大学記入欄
	Applicant	(Workplace)		(Annual) ,000yen	(Annual) ,000yen	
	Spouse	(Workplace)		(Annual) ,000yen	(Annual) ,000yen	

②Pre-school children in Japan

大学記入欄

Name	Date of birth	Date of Visit to Japan	Age	大学記入欄

③Children of School Age

Name	Date of birth	Grade	Date of Visit to Japan	Age	大学記入欄

④Other Incomes

Circle the answer either "Yes" or "No" to the following items

Childcare Allowance (児童手当)	Yes (¥ /month) , No	大学記入欄
Support from Relatives or Acquaintance (親戚等からの援助)	Yes (¥ /month) , No	
Other Income ( ) (その他)	Yes (¥ /month) , No	

⑤ NO NEED

大学記入欄

⑥ Disability

Family member who has received a medical treatment for more than 6 months (Limited to those who live in Japan)

Name	Name of Disease	Date of First Medical Treatment	Cost Over the Last 6 months	大学記入欄
			,000 yen	

⑦ Disaster

Name of Disaster	Date	Financial Damage	Note	大学記入欄
		,000 yen		

⑧ NO NEED

大学記入欄

Fill out each item neatly so that the screen is fulfilled smoothly.

⑩Family circumstance	Please state your circumstances in detail so that the univeristy can figure out each student's situation smoothly.

⑪参考（申請者の履歴・免除状況）				History of Tuition fee Exemption	
		*Term ～	* Leave of absence/study abroad		
		*Term ～	* Leave of absence/study abroad		
【Only for the new student】入学前の最終履歴（見込み）を下欄に記入してください。				(Previous Result)	(The time before last)
平成 年 月	※ graduated from high school graduatedfrom higher professional school			2018, 2nd semester	2018, 1st semester
平成 年 月 高校卒業程度認試験等合格				※ 全額免除(Total)	※ 全額免除(Total)
平成 年 月	※ university post graduate	※ graduation leave school		半額免除(Half)	半額免除(Half)
平成 年 月	※ university post graduate	Finish research student		不許可 (not permitted)	不許可 (not permitted)
平成 年 月		※ resignation continuance in office		申請せず (not apply)	申請せず (not apply)
Others（graduate Japanese language school,The date of visit to Japan etc.） 平成 年 月					

大学記入欄	