

# TUITION FEE EXEMPTION APPLICATION FORM

To: President of Kobe University

Date of Application: \_\_\_\_\_, \_\_\_\_\_ th, 2023

I hereby apply for tuition fee exemption of ( 1st / 2nd ) semester 2023 together with supporting documents.

		Date of Enrollment _____, _____ th,					
① Applicant and Spouse  (申請者及び配偶者)	KATAKANA		KATAKANA		Department of ( _____ ) Graduate School of ( _____ ) Master's Course / Doctoral Course		
	NAME OF APPLICANT  AGE		NAME OF SPOUSE  AGE			STUDENT ID	
	Contact	Post Code : _____ Address: _____ E-mail: _____		Homeland	Post Code : _____ Address: _____		
	Scholarship (奨学金)	Applicant	2022 record		2023 record		大学記入欄
			No.1	(Foundation)	(Annual) .000yen	No.1	
No.2		(Foundation)	(Annual) .000yen	No.2	(Foundation)	(Annual) .000yen	
Spouse		No.1	(Foundation)	(Annual) .000yen	No.1	(Foundation)	
	No.2	(Foundation)	(Annual) .000yen	No.2	(Foundation)	(Annual) .000yen	
Income (所得)	Applicant	Salary		Others		大学記入欄	
		(Workplace)	(Annual) .000yen	(Workplace)	(Annual) .000yen		
Spouse	(Workplace)	(Annual) .000yen	(Workplace)	(Annual) .000yen			
	(Workplace)	(Annual) .000yen	(Workplace)	(Annual) .000yen			
② Pre-school children in Japan  (日本在住の未就学児)	Name	Date of Birth	Date of Entry to Japan	Age	大学記入欄		
③ Assets  (資産)	Applicant (申請者)		Spouse etc (配偶者など)		大学記入欄		
	,000 yen		,000 yen				
←If the total is 20 million yen or more, you cannot apply. (12.5 million yen or more if there is only one household supporter)							
④ Children of School Age  (日本在住の就学者)	Name	Date of Birth	Grade	Date of Entry to Japan	Age	大学記入欄	
⑥ Other Incomes  (その他の収入)	Circle the answer either "Yes" or "No" to the following items					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			
⑦ Disability/Long-term care  (障害者/長期療養)	Family member who has received a medical treatment for more than 6 months (Limited to those who live in Japan)					大学記入欄	
	Name	Name of Disease	Date of First Medical Treatment	Cost for the Last 6 months			
	Family member with a disability(Disability certificate (copy) is required)(Limited to those who live in Japan)						
	Name	Name of Disability					
⑧ Disaster  (災害)	(Limited to ones happned in Japan)					大学記入欄	
	Name of Disaster	Date	Financial Damage	Note			
			,000 yen				

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

⑨ Family circumstance

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

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(家庭事情)

⑩ Applicant's history etc

Leave of Absence, Study Abroad, etc.	*Term ~	* Leave of absence/study abroad	History of Tuition fee Exemption	
	*Term ~	* Leave of absence/study abroad		
【Only for the new student】Please fill in your final (expected) academic history				
Date of Graduation		Name of School	(Previous Result)	(The time before last)
year	month		2022, 2nd semester	2022, 1st semester
			※ Total (全額免除)	※ Total (全額免除)
			Half (半額免除)	Half (半額免除)
			not permitted (不許可)	not permitted (不許可)
			not apply (申請せず)	not apply (申請せず)

(履歴・免除状況)