

## STATEMENT OF NO INCOME AND NO OCCUPATION

Name of Faculty/Graduate School ( )	Undergraduate/ Master's Course / Doctoral Course
Student ID	Full Name

To: President of Kobe University

1. I hereby declare that my spouse has no income and no occupation. (as of April 1<sup>st</sup> for 1<sup>st</sup> semester, as of October 1<sup>st</sup> for 2<sup>nd</sup> semester)

Name of Spouse: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Statement (Describe the reason and circumstance of no income and no occupation neatly.)

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