

TUITION FEE EXEMPTION APPLICATION FORM

To: President of Kobe University

Date of Application: , , 2024

I hereby apply for tuition fee exemption of the (1st / 2nd) semester 2024 together with required documents.

		KATAKANA		KATAKANA		Date of Enrollment		STUDENT ID				
		NAME OF APPLICANT		NAME OF SPOUSE		Faculty of () Graduate School of () Master's Course / Doctoral Course						
		AGE		AGE								
Contact		Post Code : Address: E-mail:				Family Contact		Post Code : Address:				
①Applicant and Spouse (申請者及び配偶者)	Scholarship (奨学金)	Applicant	2023			2024			no need to fill out (大学記入欄)			
			No.1	(Name of Scholarship)	(Annual) .000yen	No.1	(Name of Scholarship)	(Annual) .000yen				
		No.2	(Name of Scholarship)	(Annual) .000yen	No.2	(Name of Scholarship)	(Annual) .000yen					
		Spouse	No.1	(Name of Scholarship)	(Annual) .000yen	No.1	(Name of Scholarship)	(Annual) .000yen				
	No.2		(Name of Scholarship)	(Annual) .000yen	No.2	(Name of Scholarship)	(Annual) .000yen					
	Income (所得)	Applicant	Salary			Others			no need to fill out (大学記入欄)			
			(Workplace)	(Annual) .000yen	(Workplace)	(Annual) .000yen						
	Spouse	(Workplace)	(Annual) .000yen	(Workplace)	(Annual) .000yen							
②Pre-school children living in Japan (日本在住の未就学児)	Name	Date of Birth	Date of Entry to Japan		Age	no need to fill out (大学記入欄)						
④Children of School Age living in Japan (日本在住の就学者)	Name	Date of Birth	Grade	Date of Entry to Japan		Age	no need to fill out (大学記入欄)					
⑤Other Incomes (その他の収入)	Circle the answer either "Yes" or "No" to the following items								no need to fill out (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							
	Other Income () (その他)				Yes (¥ /month) , No							
⑥Disability/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)									no need to fill out (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										
⑦Disaster (災害)	(Limited to ones happened in Japan)									no need to fill out (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 university can figure out each student's situation smoothly.

(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		2023, 1st semester	2023, 2nd 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)