

TUITION FEE EXEMPTION APPLICATION FORM

To: President of Kobe University

Date of Application: / /2026

I hereby apply for tuition fee exemption of the 1st / 2nd semester 2025 together with required documents.

Date of Enrollment: / 1 /20

① Applicant and Spouse (living in Japan)

Applicant	KATAKANA NAME OF APPLICANT		AGE	Faculty and Graduate Program <input type="checkbox"/> Master's course <input type="checkbox"/> Doctoral course		STUDENT No. Examinee No.
Spouse	KATAKANA NAME OF SPOUSE(living in Japan)		AGE			
Contact	E-mail					
	Cell Phone number					
	Address	<input type="checkbox"/> Dormitory <input type="checkbox"/> Off-campus Housing				Family member's country of residence
						Postal code

Scholarship (奨学金)

2025		Name of Scholarship		Annual Amount	2026		Name of Scholarship		Annual Amount	※ Please check whether you are currently receiving or applying for a scholarship.
Applicant	No.1			,000yen	Applicant	No.1	<input type="checkbox"/> receiving <input type="checkbox"/> applying		,000yen	
	No.2			,000yen		No.2			,000yen	
Spouse	No.1			,000yen	Spouse	No.1			,000yen	

Income (所得)

Employment Income (Employer's Name)			Annual Amount	Non-employment Income (Source)			Annual Amount	※ Provide the information as of April 1 for the first semester and October 1 for the second semester. Do not include workplaces that you have already left by that time.		
Applicant	No.1			,000yen	Applicant	No.1			,000yen	
	No.2			,000yen		No.2			,000yen	
Spouse	No.1			,000yen	Spouse	No.1			,000yen	

② Children living in Japan

Name	Age	Date of Entry to Japan	Current School Name	Grade	※ Copies of residence cards for everyone including children are required.

③ Other Incomes

Check either "Yes" or "No" for the following items.

Support from Relatives or Acquaintance (親戚等からの援助)	<input type="checkbox"/> Yes (¥ /month) <input type="checkbox"/> No
Other Income () (その他)	<input type="checkbox"/> Yes (¥ /month) <input type="checkbox"/> No
Other Income () (その他)	<input type="checkbox"/> Yes (¥ /month) <input type="checkbox"/> No

④ Disability/Long-term care

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 for the Last 6 months	※ This is limited to family members living in Japan.
		/ /	,000yen	
Family member with a disability (Disability certificate (copy) is required) (Limited to those who live in Japan)				
Name	Name of Disability			

⑤ Disaster

(Limited to ones happened in Japan)

Name of Disaster	Date	Financial Damage	Note	※ This is limited to disasters that occur in Japan.
	/ /	,000yen		

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

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

⑥ Family circumstance

(家庭
事情)

⑦ Applicant's history etc.

(履歴
免除状
況)

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		2025, 2nd semester	2025, 1st semester
				※ Total (全額免除)
				Half (半額免除)
				not permitted (不許可)
				not apply (申請せず)
				※ Total (全額免除)
				Half (半額免除)
				not permitted (不許可)
				not apply (申請せず)