

TUITION FEE EXEMPTION APPLICATION FORM

To: President of Kobe University

Date of Application: / /2026

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

Date of Enrollment: / 1 /20

①Applicant and Spouse (living in Japan)

Applicant	KATAKANA	AGE	Faculty and Graduate Program		STUDENT No.	
	NAME OF APPLICANT		<input type="checkbox"/> Master's course <input type="checkbox"/> Doctoral course		Examinee No.	
Spouse	KATAKANA	AGE				
	NAME OF SPOUSE(living in Japan)					
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	

②Children living in Japan

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

③Other 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	

④Disability/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			

⑤Disaster

(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.

## ⑥Family circumstance

(家庭事情)

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

## ⑦Applicant'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)	※ 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)