（FOR INTERNATIONAL STUDENTS）　　〔Form No.11〕

ECONOMIC BALANCE REPORT

 Date:

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

To: President of Kobe University

 My monthly economic balance report is as stated in the table below:

◎Average monthly income and expenses (for the first semester, since April; for the second semester, since October)

\*Scholarships and jobs that finish by the end of March (September for 2nd semester applications) cannot be included as income

|  |  |
| --- | --- |
| MONTHLY INCOME (\) | MONTHLY EXPENSES (\) |
| Items | Applicant | Spouse | 大学記入欄 | Items | Applicant | Spouse |
| **Regular Job**/定職**※** |  |  |  | **Tuition**/授業料 | applying for exemption |  |
| **Part Time Job**/パート**※** |  |  | **Commuting**/通学費 |  |  |
| **Remittance from Parents /**仕送り |  |  | **Textbooks**/教科書 |  |  |
| **Withdrawal from Bank**預貯金引出し |  |  | **Stationery**/文具 |  |  |
| **House Rent** (Including Common expense) |  |  |
| **Others**/その他**( )****( )****( )** |  |  |  |  |
|  |  | **Clothing**/衣服 |  |  |
|  |  | **Food**/食料 |  |  |
|  |  | **Utility**/光熱水費 |  |  |
| **Scholarship** |  |  | **Communication expense** |  |  |
|  |  | **Medical Care**/医療 |  |  |
| **Others**/その他**( )****( )****( )** |  |  |
|  |  |
|  |  |
|  |  |
| **Total Income** |  | **Total Expenses** |  |
| Please match the amount of income and expenses. |
|  | No. | Workplace | Payment slip（給与明細） | Annual Salary（\）(年額) |
| Applicant(申請者) | Job 1 Details |  | □Yes　□No |  |
| Job 2 Details |  | □Yes　□No |  |
| Spouse(配偶者) | Job 1 Details |  | □Yes　□No |  |
| Job 2 Details |  | □Yes　□No |  |

Note

・A copy of the payment slip (for the most recent month) and house rental agreement must be attached to the back of this form. 11

・A bankbook copy cannot be substituted for this.

・The copy of the house rental agreement must show the address, the name of the applicant (resident), the contract period, and the monthly rent. If you share the room, all residents’ names should be included.