

To: President of Kobe University

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

										Date of Enrollment		, ,		
①Applicant and Spouse (living in Japan) (申請者及び配偶者)	KATAKANA				KATAKANA				Faculty of () Graduate School of () Master's Course / Doctoral Course				STUDENT ID	
	NAME OF APPLICANT AGE				NAME OF SPOUSE(living in Japan) AGE									
	Contact		E-mail:						Family member's country of residence					
	Address:		Please check the appropriate boxes.											
	<input type="checkbox"/> Dormitory <input type="checkbox"/> Other than above													
	Scholarship (奨学金)	Applicant	2024				2025				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					
	Income (所得)	Applicant	Salary				Others				no need to fill out (大学記入欄)			
(Workplace)			(Annual) ,000yen	(Workplace)		(Annual) ,000yen								
(Workplace)			(Annual) ,000yen	(Workplace)		(Annual) ,000yen								
Spouse		(Workplace)		(Annual) ,000yen	(Workplace)		(Annual) ,000yen							
②Children living in Japan (日本在住の就学者)	Name		Age	Date of Entry to Japan			School Name			Grade	no need to fill out (大学記入欄)			
③Other 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							
④Disability/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											
⑤Disaster (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							

⑥ Family circumstance

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

(家庭事情)

⑦ 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		2024, 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)

(履歴・免除状況)