TUITION FEE EXEMPTION APPLICATION FORM

To: President of Kobe University

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

lata	٥f	Ann	lication:		. 2025
ale	OL	ADD	ncation:	_	. ZUZO

										Date of E	Enrollment	, ,
	KATAKANA			KATAKANA				Faculty of ()	STUDENT ID	
	NAME OF APPLICANT			NAME OF SPOUSE(living in Japan)					duate School of ()	
			AGE	AGE				Master's Cours	e / D	octoral C	ourse	
	Cont	act	E−mail:	E-mail:								
	Addr	ress:										
										-	member's	
	□Dormit	orv		country of residence							residence	
①Applicant and Spouse (living in	☐Other than		Please check the appropriate boxes.									
	avove		Please check the appropriate boxes.									
Japan)			2024 (Name of Scholarship)					(Name of Scholarship	2025		(Annual)	no need to fill out
		Applicant	No.1	(Name of Scholarship)		(Annual) ,000yen	No.1	(Name of Scholarship)		,000yen	(大学記入欄)
				(Name of Scholarship)		,oooyen		(Name of Scholarship)		(Annual)	
	Scholarship (奨学金)	₹	No.2	(, rains or constant	S.II,F7	(Annual) ,000yen	No.2	(viamo er centralien)	,		,000yen	
		Spouse		(Name of Scholar	(Name of Scholarship) (Annual) ,000yen			(Name of Scholarship) (Ar		(Annual)		
			No.1				No.1				,000yen	
		٠	(Workplace)		(Annual)	(Workplace)	Others (Annual)		(Annual)	no need to fill out (大学記入欄)		
		ican			,000ye					,000yen		(F () HOV () () ()
	Income	Applicant	(Workplace)			(Annual)	(Workplace)				(Annual)	
	(所得)					,000yen					,000yen	
		Se	(Workplace)			(Annual)	(Workplace)				(Annual)	
(申請者及び配偶者)		Spouse				,000yen					,000yen	
(中謂有及び此個有)		Name		Age	Date of Entry to	o Japan	School Name		ne		Grade	no need to fill out
				7.85	2 445 51 2.141 7	and			G, GG	(大学記入欄)		
_												
②Children living in												
Japan												
(日本在住の就学者)												
	Circle the answer either "Yes" or "No" to the following items											no need to fill out (大学記入欄)
	The state of the s											
3Other Incomes	Support f	rom Rela	tives or Ac	cquaintance (¥	見戚等からの援助)	Yes (¥ /month) , No			No			
	Other Inc	ome () (その他)			Yes (¥ /month) , No			No		
							\(\langle \(\langle \)					
(その他の収入)	Other Income () (その他) Yes (¥ /month) , No											
												no need to fill out
	Family member who has received a medical treatment for more than 6 months (Limited to those who live in Jap									oan <i>)</i>	(大学記入欄)	
		Name		Name of Disease			Date of F	irst Medical Treatme	ent C	ost for the	Last 6 months	
④Disability/Long- term care	INAITIC			Name of Disease			Sate of First Medical Treatment Oost 10			Last o monario		
		Fami	ly member	with a disabi	lity(Disability certificate	(copy) is requ	uired) (Lim i	ted to those wh	o live i	n Japan)		
	Name			Name of Disability								
(障害者/長期療養)												
				1	(Limited to ones	happened in	Japan)	<u> </u>			no need to fill out	
⑤Disaster	Name of Disaste						Financial Damage Note				(大学記入欄)	
/巛孛\							,000 yen					
(災害)			:- E.IE		<u> </u>]					

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

	Please st smoothly.		our circumst	ances in det	tail so tha	at the university can figu	ure out each stud	ent's situation				
©Family circumstance												
sircu												
nily o												
3)Far												
9)												
(家庭 事情)												
争情)			*Term	~		* Leave of absence/study abroad						
	Leave of Ab Study Abroa						⊔: _{a+} ,	ry of				
etc.			*Term	~		* Leave of absence/study abroad		Exemption				
story	【Only for the	e new s	student】Please fi	·								
	Date of Grad	duation	Name of School				(Previous Result)	(The time before last)				
(7)Applicant's hi	year	month				2024, 2nd semester	2025, 1st semester					
7)Apı					※ Total(全額免除)	※ Total (全額免除)						
.)				Half (半額免除)	Half (半額免除)							
				not permitted	not permitted							
(履歴▪				(不許可) not apply	(不許可)							
免除状 況)								not apply (申請せず)				