

TUITION FEE EXEMPTION APPLICATION FORM

To: President of Kobe University

Date of Application: _____, _____ th, 2023

I hereby apply for tuition fee exemption of (1st / 2nd) semester 2023 together with required documents.

		Date of Enrollment							
① Applicant and Spouse <small>(申請者及び配偶者)</small>	KATAKANA		KATAKANA		Faculty of () Graduate School of () Master's Course / Doctoral Course		STUDENT ID		
	NAME OF APPLICANT		NAME OF SPOUSE						
	AGE		AGE						
	Contact	Post Code : Address: E-mail:			Family Contact	Post Code : Address:			
	Scholarship <small>(奨学金)</small>	Applicant	2022			2023			no need to fill out <small>(大学記入欄)</small>
			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	
	No.2		(Name of Scholarship)	(Annual) .000yen	No.2	(Name of Scholarship)	(Annual) .000yen		
	Income <small>(所得)</small>	Applicant	Salary		Others			no need to fill out <small>(大学記入欄)</small>	
(Workplace)			(Annual) .000yen	(Workplace)	(Annual) .000yen				
Spouse	(Workplace)	(Annual) .000yen	(Workplace)	(Annual) .000yen					
② Pre-school children living in Japan <small>(日本在住の未就学児)</small>	Name	Date of Birth	Date of Entry to Japan	Age	no need to fill out <small>(大学記入欄)</small>				
④ Children of School Age living in Japan <small>(日本在住の就学者)</small>	Name	Date of Birth	Grade	Date of Entry to Japan	Age	no need to fill out <small>(大学記入欄)</small>			
⑥ Other Incomes <small>(その他の収入)</small>	Circle the answer either "Yes" or "No" to the following items							no need to fill out <small>(大学記入欄)</small>	
	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					
⑦ Disability/Long-term care <small>(障害者/長期療養)</small>	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 <small>(大学記入欄)</small>	
	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							
⑧ Disaster <small>(災害)</small>	(Limited to ones happned in Japan)							no need to fill out <small>(大学記入欄)</small>	
	Name of Disaster	Date	Financial Damage	Note					
				.000 yen					

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

⑨ Family circumstance

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

(家庭事情)

⑩ 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		2023, 1st semester	2022, 2ndt 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)