

TUITION FEE EXEMPTION APPLICATION FORM

To: President of Kobe University

Date of Application: _____, _____, 2025

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

①Applicant and Spouse (living in Japan) (申請者及び配偶者)	KATAKANA		KATAKANA		Date of Enrollment		STUDENT ID		
	NAME OF APPLICANT		NAME OF SPOUSE(living in Japan)		Faculty of () Graduate School of () Master's Course / Doctoral Course				
	AGE		AGE						
	Contact	E-mail:				Family member's country of residence			
	Address:								
	<input type="checkbox"/> Dormitory <input type="checkbox"/> Other than above	Please check the appropriate boxes.							
	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	
No.2			(Name of Scholarship)	(Annual) .000yen	No.2	(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				
	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						

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

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	2024, 1st semester
(履歴・免除状況)			※ 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)