

# Application for enrollment fee waiver (deferral of payment) and tuition fee waiver for the 2023 academic year (first semester)

## Applicant Form

April 1 2023

To the President of Kanazawa University

I wish to apply for an enrollment fee waiver (deferral of payment) and tuition fee waiver for the 2023 academic year, and attach the required documents.

Enrollment fee waiver Application Category (Check one)	<input type="checkbox"/> Application for an enrollment fee waiver (Only students enrolled in the graduate school or Bekka may select)	<input type="checkbox"/> Application for deferral of enrollment fee payment (Undergraduate, Graduate, and Bekka students may select)	<input type="checkbox"/> Not applicable	
Tuition fee exemption Application Category (Check one)	<input type="checkbox"/> Application for the First semester only	<input type="checkbox"/> Combined application for the first and second semesters	<input type="checkbox"/> Not applicable	
Application Category	<input type="checkbox"/> General <input type="checkbox"/> Self-supported individual <input type="checkbox"/> International student			
Registration of tuition transfer	<input type="checkbox"/> Registered	You need to go through the account transfer procedure even if you apply for tuition fee exemption.		
Applicant	Name	Address	Contact details	
		Zip code: -	TEL: - - Mobile: - - Email : @	
	Student classification	Affiliation (Fill in the department you plan to enroll.)	Academic year	Transfer category
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> College of _____ <input type="checkbox"/> School of _____ <input type="checkbox"/> General Education Division of the Institute of Liberal Arts and Science ( <input type="checkbox"/> Humanities <input type="checkbox"/> Sciences)	Year	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable
	<input type="checkbox"/> Graduate School	Graduate School of _____ Division of _____ (Column to be completed by Bekka students)	<input type="checkbox"/> Master's/PhD First semester <input type="checkbox"/> PhD/Post-doctorate <input type="checkbox"/> Doctor of Medicine/Pharmacy ____ Year <input type="checkbox"/> Professional Degree Program	
Emergency contact information	Name	Address	Contact details	
	(Relation: )	Zip code: - <small>(International students should provide a Japanese contact living at a separate address)</small>	TEL: - - Mobile: - - Email : @	

## Reasons for Application

(To be filled out in detailed and specific terms by **the applicant** in his/her own handwriting)


Where the main income earner is unemployed or seeking work	Duration of unemployed (seeking work)	Date	Year	Month -
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Academic history	Year	Month	High School/Technical College/Junior College	<input type="checkbox"/> Graduate	<input type="checkbox"/> Anticipated Graduation	<input type="checkbox"/> Withdrawal	
	Year	Month	University	Faculty	<input type="checkbox"/> Graduation	<input type="checkbox"/> Anticipated Graduation	<input type="checkbox"/> Withdrawal
	Year	Month	Graduate School	Postgraduate Program	<input type="checkbox"/> Master's	<input type="checkbox"/> PhD First semester)	<input type="checkbox"/> Completed <input type="checkbox"/> Anticipated completion

Applicant's part-time work and employment status	General student/International student	Ongoing part-time job	<input type="checkbox"/> Yes <input type="checkbox"/> Have previously worked Last day worked (Year Month ) <input type="checkbox"/> No
	Employed person (Working adult, self-supported, etc.)	Ordinary employment	<input type="checkbox"/> Yes <input type="checkbox"/> No Last day worked (Year Month )

For questions with a "□," please check the appropriate box.



Application for enrollment fee Waiver (Deferral of payment )

The application form for the enrollment fee waiver (deferral of payment) and tuition fee waiver is an important document in the selection process. Please read these instructions carefully and fill in all relevant information so that we can understand your current situation as of April 1. Please note that your application may not be accepted if you do not fill in the form. Please note that **if the information entered is found to be incorrect, any current waiver permission will be revoked and any future waiver applications rejected**, so please take care to enter information accurately. You may apply for both the "Enrollment fee waiver (Deferral of payment)" and the "Tuition fee waiver" using this form. Please be sure to **put a check against the relevant items for which you are applying: "Application for enrollment fee waiver" and/or "Application for tuition fee waiver"**. Students who wish to apply for both the enrollment fee waiver (deferral of payment) and the tuition fee waiver may **submit only one copy of the application form** for the Enrollment fee waiver (Deferral of payment) and Tuition fee waiver (Forms 1-1 and 1-2), together with documents such as a certificate of income and a copy of tax withholding certificates.

(Form 1-1)

## Application for enrollment fee waiver (deferral of payment) and tuition fee waiver for the 2023 academic year (first semester)

### Applicant Form

April 1, 2023

To the President  
I wish to apply for the enrollment fee waiver (deferral of payment) and tuition fee waiver. I attach the required documents.

Only students enrolling in the graduate school or on a Bekka students may apply for the "Enrollment fee waiver." Undergraduate students are not eligible for the enrollment fee waiver, those wishing to apply should complete the "Deferral of enrollment fee payment" form.

When applying for a tuition fee waiver, please check "Applying for the second semester only".

Enrollment fee Application Category (Check one)	<input type="checkbox"/> (Only students enrolled in the graduate school or Bekka may select)	<input type="checkbox"/> (Undergraduate, Graduate, and Special Course students may select)	
Tuition fee exemption Application Category (Check one)	<input type="checkbox"/> Application for the First semester only	<input type="checkbox"/> Combined application for the first and second semesters	<input type="checkbox"/> Not applicable
Application Category	<input type="checkbox"/> General	<input type="checkbox"/> Self-supported individual	<input type="checkbox"/> International student
Registration of tuition transfer account	<input type="checkbox"/> Registered	transfer procedure even if	

Applicant	Name	Address	Contact details
	Zip code	in the department you	Year
	<input type="checkbox"/> Bachelor's Degree School of _____ <input type="checkbox"/> General Education Division of the Institute of Liberal Arts and Science ( <input type="checkbox"/> Humanities <input type="checkbox"/> Sciences)	<input type="checkbox"/> Graduate School of _____ Division of _____ (Column to be completed by Bekka student)	Year <input type="checkbox"/> Applicable Year <input type="checkbox"/> Not applicable

If you haven't registered yet, please register immediately. If you cannot make an account transfer due to some

Please check the applicant categories detailed in the application guidelines and then put a check mark in the appropriate category.

Fill in the department you plan to enroll.

If your parents have cellphones, please provide their cellphone numbers. This will only be used for communications from the university.

Emergency contact information	Name	Address	Contact details
	(Relation: _____)	Zip code: _____ <small>(International students should provide a Japanese contact living at a _____)</small>	TEL: _____ Mobile: _____ Email: _____

Reasons for Application (To be filled out in detailed and specific)

Detailed and specific reasons of the circumstances surrounding the application are to be provided by the applicant themselves in the "Reasons for application" column.

Please provide your parents' contact information. This will be your emergency contact in the event you cannot be reached. For international students, please indicate a family member who lives with you (e.g., spouse) or a person who lives in Japan and whom you can contact. In such cases, please be sure to obtain the consent of the person to be listed as a contact person before providing their details on this form.

Please complete this form so that we can understand your circumstances prior to enrollment.

Where the main income earner is unemployed or seeking work	Duration (seeking work)	Date Year Month
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Academic history	Year	Month	High School/Technical College/Junior College	<input type="checkbox"/> Graduate	<input type="checkbox"/> Anticipated Graduation	<input type="checkbox"/> Withdrawal	
	Year	Month	University	Faculty	<input type="checkbox"/> Graduation	<input type="checkbox"/> Anticipated Graduation	<input type="checkbox"/> Withdrawal
	Year	Month	Graduate School	Postgraduate Program			

Applicant's part-time work and employment status	General student/International student	Ongoing part-time job	<input type="checkbox"/> Yes <input type="checkbox"/> Have previously worked Last day worked (Year Month ) <input type="checkbox"/> No
	Employed person (Working adult, self-supported, etc.)	Ordinary employment	<input type="checkbox"/> Yes <input type="checkbox"/> No Last day worked (Year Month )

For questions with a "□," please check the appropriate box.

Student number	Furigian Name
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Students enrolling in April 2023 do not need to enter their student ID number.

\* <- Do not complete fields in blue

	Relation	Name	Age	Company name	Years of employment	Total salary	Total non-salary income
(1) Family members excluding persons in school	Applicant				* Date		
	Father						
	Mother						
(2) Household income	Class						
	Salary income						
(3) Applicant	Comm. classification						
	<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home	Scholarship (per month)	(current year)				(Annual value)
(4) Persons enrolled in the applicant's school	Relation	Name			School year		Commuting classification
(5) Special exemptions	Households with disabled persons	Relation ( )	<input type="checkbox"/> Disabled				Persons
	Households affected by disasters, storm and flood damage, theft, etc.	Nature of damage	Value of damage				¥
Field to be completed by the university	Family members						Persons

Please record all family members living in the same household as you and your parents. Be sure to include any family members who are dependents of your parents for tax purposes, even if they live separately. Siblings who live separately due to marriage, employment, or other reasons do not need to be included on this form. Even if such siblings do live with you, they need not be included if they handle their own finances.

If unemployed for reasons such as being a homemaker or a pensioner, please enter "unemployed." If you are making a repeat application (preparatory school student), please record "reapplying"

Please enter the name of the company they work for (e.g. XX company) and the dates of employment. If they are self-employed, please write (self-employed) next to the company name. If the applicant (the student) has a regular job, please record the company name in lieu of "student." Students who do not have a regular job should enter "student."

(2) Please record your family's income listing each source of income.

Please record details of any scholarships you received last year (April 2022 - March 2023). However, freshmen should not enter details of scholarships received in high school or technical college.

Since the number of months' benefit received differs depending on employment, please check before completing this section.

Please check the "living at home box" if you are self-supported for any reason, such as living apart from your spouse. All international students are also required to check the "Living at home" box.

Enrollment in a general course in a trade school or various other types of school (preparatory school, vocational training school, other) will not be treated as studying, so please record these under column (1) Family members excluding persons in school.

For single-parent households, please check the appropriate box for death of spouse or separation, and record the date of death or separation.

If you are living in an apartment or dormitory away from your parents, please check the box for living away from the family home and fill in the name of the municipality in which you live.

Please record the nature of your relationship and their certification number.

If you have suffered a disaster such as fire, windstorm, flood, or theft within one year prior to enrollment, please fill out this form attaching a record of disaster.

For questions with a "□," please check the appropriate box

Checked		Entered		Verification	
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