

# Application for admission fee waiver (deferral of payment) and tuition fee waiver for the 2024 academic year (the second semester) Applicant Form

October 1 2024

To the President of Kanazawa University

I wish to apply for an admission fee waiver (deferral of payment) and tuition fee waiver for the 2024 academic year, and attach the required documents.

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

Admission fee waiver Application Category (Check one)	<input type="checkbox"/> Application for an admission fee waiver (Only students enrolled in the graduate school may select)	<input type="checkbox"/> Application for deferral of admission fee payment (Undergraduate and Graduate school students may select)	<input type="checkbox"/> Not applicable
Tuition fee exemption Application Category (Check one)	<input type="checkbox"/> Application for the Second semester only	X	<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 <input type="checkbox"/> Registration after arrival in Japan	You need to go through the account transfer procedure even if you apply for tuition fee exemption.	
Applicant	Name		Address
			Zip code: -
			TEL: - - Mobile: - - Email : @
	Student classification	Affiliation (Fill in the department you plan to enroll.)	Academic year
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> College of _____ 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"/> 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
			Zip code: -
	(Relation: )		(International students should provide a Japanese contact living at a separate address)
		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 )



Application for entrance fee Waiver (Deferral of payment ) and Tuition Fee Waiver Applicant Form 1

The application form for the admission 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 October 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 "Admission 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 admission fee waiver" and/or "Application for tuition fee waiver". Students who wish to apply for both the admission fee waiver (deferral of payment) and the tuition fee waiver may submit only one copy of the application form for the admission 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 admission fee waiver (deferral of payment) and tuition fee waiver for the 2024 academic year (the second semester)

Only students enrolling in the graduate school students may apply for the "Admission fee waiver." Undergraduate students are not eligible for the admission fee waiver, those wishing to apply should complete the "Deferral of admission fee payment" form.

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

To the President

I wish to apply for the required documents

For questions with a , please check the appropriate box.

Admission fee waiver Application Category (Check one)	<input type="checkbox"/> Application for an admission fee waiver (Only students enrolled in the graduate school may select)	<input type="checkbox"/> Application for deferral of admission fee payment (Undergraduate and Graduate school students may select)	<input type="checkbox"/> Not applicable
Tuition fee exemption Application Category (Check one)	<input type="checkbox"/> Application for the Second semester only		<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	<input type="checkbox"/> Registration after arrival	Transfer procedure even if

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

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.

Applicant	<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 Sciences (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
	<input type="checkbox"/> Graduate School	Graduate School of _____ Division of _____ (Column to be completed by Bekka students)	

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 Japanese contact living at _____)</small>	TEL: _____ Mobile: _____

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.

Reasons for Application (To be filled out in detailed and specific terms by the applicant)

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

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	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
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Student number	Students enrolling in October 2024 do not need to enter their student ID number.	Furigana	
		Name Name	

For [ ] appropriate box. For [ ] member in Japan only \* [ ] <- Do not complete fields in blue

Please record all family members living in the same household as you and your parents. Be sure to include any family members who are <b>dependents of your parents for tax purposes</b> , 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.	Company name	Years of employment	*Date
	If unemployed for reasons such as being a homemaker or a pensioner, please enter "unemployed." For preparatory school student, please enter 'preparatory school student'.		
	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."		
	<input type="checkbox"/> Living away from home		

(3) Scholarship	Current year 2024	JASSO: Benefit-type	*Loan-type	
		( ) yen per month x ( ) months	( ) yen per month x ( ) months	
	Last year 2023	Name of other scholarships ( )	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.	
		Name of other scholarships ( )		

(4) Persons enrolled in study (Excluding the applicant)	Relation	Name	Year of admission (School year)	Commuting classification
			<input type="checkbox"/> School <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> Technical College <input type="checkbox"/> Special vocational school (High school course)	<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home
			<input type="checkbox"/> Vocational school (Specialized course) ( ) Year of admission (Year: )	City ( )
			<input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Special vocational school (High school course) <input type="checkbox"/> Vocational school (Specialized course) ( ) Year of admission (Year: )	<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home City ( )

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 they 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.

(5) Special exemptions	Single parent household	<input type="checkbox"/> No family member <input type="checkbox"/> No member	<input type="checkbox"/> Death <input type="checkbox"/> Separation (Year Month)	Persons
	Households with disabled persons	Relation ( ) <input type="checkbox"/> Disabled <input type="checkbox"/> A-bomb Survivor (with disability) Certification number ( )		
	Households affected by disasters, storm and flood damage, theft, etc.	Nature of damage		

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

Field to be completed by the university	Family members	Persons
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.	1: Yes	
	1: Yes	

Checked		Entered		Verification	
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