

 **These formats are samples. When submitting application documents, please use the specified format prepared in Japanese.**

For the 2025 academic year applications

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| | | | |
|-----------------------------------|------------------|---------------------------|-------------|
| 学部・研究科 Faculty/Graduate school | 学科 Department | 学籍番号 Student ID number | 氏 名 Name |
| | | | |

This format cannot be submitted.

提出書類チェックリスト
Checklist of Documents for Submission

提出する書類に☑を入れて、下記の順に並べて提出してください。
Place a check mark next to the required document. Finally put them in order on the list and submit it. If you don't prepare all documents by the deadline, we cannot accept your application.

申請区分欄の記号について Symbols in the application category column

- * 区分ごとの必須書類。不足している場合は、申請できません。
- ★ 該当がある場合は必須。
- ◆ 今年1年（令和7年1月～12月）の合計所得金額の見込が、昨年の合計所得（「令和7年度（令和6年分）所得額・課税額証明書」に記載されている合計所得金額）と異なる場合、追加してください。
If your estimated total income for the current academic year (from January to December 2025) differs from your total income for the previous academic year (as stated on your 2025 (2024) certificate of income tax), please update it.
- * An asterisk in the classification column below indicates the document which you should submit.
- ★ If applicable, please submit the document.

| 申請区分 Application category | | | 提出書類 Documents for submission | | 大学記入欄 Section for University use only | | |
|---------------------------|--------------------------------|---|--|---|---------------------------------------|--------------|-------------|
| 一般学生 General student | 独立生計 Independent Livelihood | 私費外国人 Privately Funded International Student | 提出書類に☑を入れて下記の順に並べて提出する Check the boxes of the documents for submission as you prepare them, and submit them in the following order. | | 確認 Check | | 備考 Notes |
| | | | | | 書類 Document | 添付 Attach | |
| * | * | * | <input type="checkbox"/> | 提出書類チェックリスト【様式 1】 Checklist of Documents for Submission [Form 1] | <input type="checkbox"/> | | |
| * | * | * | <input type="checkbox"/> | 家庭調書【様式 2】 Family Record [Form 2] | <input type="checkbox"/> | | |
| * | * | * | <input type="checkbox"/> | 授業料免除願【様式 3】 Request for Exemption from Tuition Fees [Form 3] | <input type="checkbox"/> | | |
| * | * | * | <input type="checkbox"/> | 同意書【様式 4】 Consent Form [Form 4] | <input type="checkbox"/> | | |
| | | * | <input type="checkbox"/> | 授業料免除の推薦理由書【様式 5】 Recommendation with Written Statement of Reasons for Exemption from Tuition Fees [Form 5] | <input type="checkbox"/> | | |
| ★ | ★ | ★ | <input type="checkbox"/> | 給付型奨学金支給通知書のコピー（日本学生支援機構以外） Copy of Certificate of a Grant-type Scholarship | <input type="checkbox"/> | | |
| * | * | | <input type="checkbox"/> | 本人収入申立書【様式 6】 Applicant Income Application Form [Form 6] | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | 申立書【様式 7】 Application Form [Form 7] | <input type="checkbox"/> | | |
| | ★ | | <input type="checkbox"/> | 家計状況申立書【様式 8】 Application Form regarding Household Financial Circumstances [Form 8] | <input type="checkbox"/> | | |
| | | * | <input type="checkbox"/> | 家計状況申立書【様式 9】 Application Form regarding Household Financial Circumstances [Form 9] | <input type="checkbox"/> | | |
| * | * | * | <input type="checkbox"/> | 令和7年度（令和6年分）所得額・課税額証明書 Certificate(s) of income and tax for 2024 (Should include itemization of income and earnings for one year, itemization of deductions, and amount paid in city or prefectural tax) | <input type="checkbox"/> | | |
| ◆ | ◆ | ◆ | <input type="checkbox"/> | 確定申告書・市県民税申告書のコピー Copy of Income Tax Return | <input type="checkbox"/> | | |
| ◆ | ◆ | ◆ | <input type="checkbox"/> | 源泉徴収票のコピー Copy of Withholding Tax Certificate | <input type="checkbox"/> | | |
| ◆ | ◆ | ◆ | <input type="checkbox"/> | 年収（見込）証明書【様式10】 Certification of (Projected) Annual Income [Form 10] | <input type="checkbox"/> | | |

| 申請区分 Application category | | | 提出書類 Documents for submission | | 大学記入欄 Section for University use only | | |
|---------------------------|--------------------------------|---|---|---|---------------------------------------|--|-------------|
| 一般学生 General student | 独立生計 Independent Livelihood | 私費外国人 Privately Funded International Student | 提出書類に☐として下記の順に並べて提出する Check the boxes of the documents for submission as you prepare them, and submit them in the following order. | | 確認 Check | | 備考 Notes |
| | | | 書類 Document | 添付 Attach | | | |
| ◆ | ◆ | ◆ | <input type="checkbox"/> | 開業後の収入（見込）状況【様式11】 Situation of (Projected) Income after Start of Business [Form 11] | <input type="checkbox"/> | | |
| ★ | ★ | ★ | <input type="checkbox"/> | 無職の申立書【様式12】 Application by Unemployed Applicant [Form 12] | <input type="checkbox"/> | | |
| ★ | ★ | | <input type="checkbox"/> | 年金受給申立書【様式13】（遺族年金・障害年金がある場合は必須） Application Form for Receipt of Pension [Form 13] (mandatory if applying for a bereaved family pension or disability pension) | <input type="checkbox"/> | | |
| ★ | ★ | | <input type="checkbox"/> | 退職所得の源泉徴収票のコピー・退職金支払証明書【様式14】 Copy of Withholding Tax Certificate for Severance Pay, or Certification of Severance Pay [Form 14] | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | 傷病手当金のコピー・出産手当金のコピー Copy of Sickness Allowance and Copy of Maternity Allowance | <input type="checkbox"/> | | |
| ★ | | | <input type="checkbox"/> | 援助金等の受領状況申立書【様式15】（ひとり親世帯の場合必須） Application Form for Receipt of Grants [Form 15] (mandatory if a single parent household) | <input type="checkbox"/> | | |
| ★ | ★ | ★ | <input type="checkbox"/> | 在学状況等証明書【様式16】・在学証明書 Certificate of Student Status, etc. [Form 16] / Certificate of Student Status | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | 障害者世帯申立書【様式17】 Application by Member of Special-Needs Household [Form 17] | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | 長期療養証明書【様式18】 Certification of Long-Term Medical Treatment [Form 18] | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | 単身赴任申立書【様式19】 Application Form for Separation from a Tuition-paying Person due to Moving Out to Live Alone, etc.[Form 19] | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | 生活保護決定（変更）通知書のコピー Copy of Welfare Decision (Change) Notice | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | 被害状況届【様式20】 Notification of Circumstances of Damage [Form 20] | <input type="checkbox"/> | | |
| | * | | <input type="checkbox"/> | 世帯全員の住民票 Certificate of Residence for All Household Members | <input type="checkbox"/> | | |
| | | * | <input type="checkbox"/> | 在留カード（外国人登録証）のコピー Copy of Residence Card or Certificate of Alien Registration (card) | <input type="checkbox"/> | | |
| | * | * | <input type="checkbox"/> | 世帯全員の健康保険証のコピー Copy of Health Insurance Certificate for each Household Member | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | その他の書類 Other Documents | <input type="checkbox"/> | | |



必須書類（申請区分欄*）に不足があると申請できません。再度確認して提出してください
If any of the required documents (application category column*) are missing, you will be unable to apply.
Please re-check and re-submit.

家庭調書
Family Record

This format cannot be submitted.

Shaded sections are for University use only. Do not fill in.

| | | | | |
|-----------------------------|---|-------------|---|--|
| Application deadline | <input type="checkbox"/> Situation on April 1 (first semester application) <input type="checkbox"/> Situation on October 1 (<input type="checkbox"/> Second semester application <input type="checkbox"/> Application for changes) | | <input type="checkbox"/> Recommendation with written statement of reasons | |
| Application category | <input type="checkbox"/> General student <input type="checkbox"/> Independent student <input type="checkbox"/> Privately-funded international student | | Reason for application | <input type="checkbox"/> Financial reasons <input type="checkbox"/> Death of a tuition-paying person <input type="checkbox"/> Affected by a disaster |
| Application period category | <input type="checkbox"/> First semester application <input type="checkbox"/> Second semester application <input type="checkbox"/> Application for changes | | Processing category | 1. General (financial reasons) 2. Circumstances (death of a tuition-paying person) 3. Circumstances (death of a tuition-paying person) 4. Circumstances (other) 5. Privately-funded international student 6. Deficient documents 7. Withdrawal |
| Student category | <input type="checkbox"/> Undergraduate student <input type="checkbox"/> Graduate student | | | |
| Faculty / Graduate school | | School year | Furigana | Commuting category |
| | | | Name | <input type="checkbox"/> Home <input type="checkbox"/> Other than home / Dormitory |
| | | | | Other |
| | | | | <input type="checkbox"/> Transfer student |
| | | | | <input type="checkbox"/> Long-term student (scheduled to complete in (month) (year)) |

| | |
|--|--|
| Japanese students only | |
| Status of Japan Student Services Organization (JASSO) scholarship reception | |
| (1) Scholarship student [Support category: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Suspended] | |
| (2) Not a scholarship student (↓ Please check the applicable box below.) | |
| <input type="checkbox"/> A. I will apply (or have already applied). | |
| <input type="checkbox"/> B. I applied for the second semester of the 2024 academic year or the first semester of the 2025 academic year but was not selected. | |
| <input type="checkbox"/> C. I am not eligible to apply for a scholarship (↓ Please check the reason for your ineligibility to apply below.) | |
| <input type="checkbox"/> Eligibility related to the timing, etc., of university enrollment <input type="checkbox"/> Eligibility related to the status of residence, etc. | |
| <input type="checkbox"/> Exceeding the income criteria <input type="checkbox"/> Exceeding the asset criteria <input type="checkbox"/> Other() | |

| | | | | | |
|---|--------------------------------------|-----|---|-----|-------|
| All applicants must check. | | | | | |
| Status of grant-type scholarship reception (other than from the Japan Student Services Organization) | | | | | |
| <input type="checkbox"/> I received a scholarship in the previous academic year (monthly amount: yen). | | | | | |
| Scholarship name | | | | | |
| ⇒ This academic year, <input type="checkbox"/> I will receive a scholarship <input type="checkbox"/> I will not receive a scholarship. <input type="checkbox"/> I have applied but the results are not yet finalized. | | | | | |
| <input type="checkbox"/> I did not receive a scholarship in the previous academic year | | | | | |
| *Do not include loan-type scholarships | | | | | |
| Scholarships (other than those from the Japan Student Services Organization) (Unit: 1,000 yen) | | | | | |
| Tax amount | Per income levy of the municipal tax | yen | Per income levy of the prefectural inhabitant tax | yen | Other |
| Household support ① | | | | | |
| Household support ② | | | | | |

| | | | | | | | | | | | | |
|--|----------------------|--------------|------|---|---|-------------------------|------------------------------------|-------------|---|-----------------|------------------------------------|--------------------------|
| Household members | Relations hip | Name | Age | Occupation / Place of employment If unemployed, write "Unemployed" | *Refer to the back side to fill in the applicable income | | Salary income (Unit: 1,000 yen) | | Non-salary income (Unit: 1,000 yen) | | Non-tax | |
| | | | | | Salary income | Non-salary income, etc. | | | | | | |
| | The applicant | | | | | | | | | | <input type="checkbox"/> | |
| | Spouse | | | | | | | | | | <input type="checkbox"/> | |
| | Other than a student | Father | | | | | | | | | | <input type="checkbox"/> |
| | | Mother | | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | | | | <input type="checkbox"/> |
| | | | | | | | | | | | | <input type="checkbox"/> |
| | Student | Relationship | Name | Age | For items marked with an asterisk (*), fill in the applicable number. | | | | Status of tuition fee exemption in the previous academic year (National universities only) | | | |
| | | | | | *Installation category: 1. National 2. Public 3. Private | | | | Exemption Category | | | |
| *School category: 1. Elementary school 2. Junior high school 3. High school 4. University 5. Technical college 6. Special training college (higher) 7. Special training college (vocational) | | | | | 0. None 1. Full exemption 2. Half exemption | | | | | | | |
| *Commuting category: 1. Home 2. Other than home / Dormitory | | | | | 3. 2/3 4. 1/3 5. 1/4 | | | | | | | |
| *Installation category | | | | | *School category | *Commuting category | School year | School name | First semester | Second semester | Annual amount (Unit: 1,000 yen) | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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▼ If applicable, fill in the details and attach the necessary documents.

| | | | | | | | | |
|---|--|-----------------------------------|---------------------------------|--|------------|-------|---|---|
| Special deductions, etc. | Single-parent household | Father (Deceased / Separated) | Applicable | Household on welfare | Applicable | Other | Temporary inclusion (Retirement allowance, etc.) | Already included / To be included next time |
| | | Mother (Deceased / Separated) | (month) (day), (year) | | | | | |
| | Household with a disabled person | Relationship: persons | | Households exempt from taxation | Applicable | | Handover comments | |
| | Household with a long-term care recipient | Relationship: From (month) (year) | (Unit: 1,000 yen) | Disabled person / Atomic bomb survivor (The applicant) | Applicable | | | |
| | Household in which the tuition-paying person | Relationship: From (month) (year) | (Unit: 1,000 yen) | Number of people in household | | | | |
| Household that has suffered damage from a | Date of damage (month) (day), (year) | (Unit: 1,000 yen) | Number of children in household | | | | | |

| Category | Number | Type of income, etc. | Notes |
|-------------------------|--------|--|--|
| Salary income | ① | Salary income (salary, wages, officer remuneration, full-time employee salary, etc.) | |
| | ② | Pension, retirement allowance (including survivor's pension), private pension | |
| | ③ | Health insurance "sickness allowance" and "maternity allowance" | Does not included employment insurance "sickness allowance" |
| Non-salary income, etc. | ④ | Retirement income | |
| | ⑤ | Business income | Agriculture, fishing, manufacturing, wholesale, retail, service industry, and other businesses |
| | ⑥ | Interest income and dividend income | |
| | ⑦ | Real estate income | |
| | ⑧ | Forest income and transfer income | |
| | ⑨ | Temporary income | |
| | ⑩ | Miscellaneous income (excluding pension, retirement allowance, and private pension) | Includes interest on non-business loans, manuscript fees and royalties received by people other than writers and authors, lecture fees and broadcasting fees, etc. |
| | ⑪ | Financial support (child support) from relatives, acquaintances, etc. | |
| | ⑫ | Grant-type scholarship | |

| | | | | | | |
|---------|---------------|---|---------------|---------------|---|--|
| Address | The applicant | ☐ | Mobile phone: | — | — | |
| | | | Email: | | | |
| | | ☐ | Name: | Relationship: | | |
| | | | TEL: | — | — | |

| | | |
|--|---|---|
| Leave of absence / <small>(Please also include cases of studying abroad that do not involve a leave of absence)</small> | Period: (month) (day), (year), to (month) (day), (year) | Reason: <input type="checkbox"/> Study abroad <input type="checkbox"/> Illness <input type="checkbox"/> Other () |
| | Period: (month) (day), (year), to (month) (day), (year) | Reason: <input type="checkbox"/> Study abroad <input type="checkbox"/> Illness <input type="checkbox"/> Other () |
| | I have not earned the minimum number of credits in the semester before the application period not due to taking a leave of absence or repeating a year. | |

| | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 学籍番号 Student ID number | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

同意書 Consent Form

This format cannot be submitted.

年 月 日
(Year Month Day)

鹿児島大学長 殿
To the President of Kagoshima University

申請者自署 (Applicant's signature)

氏名 (Name)

授業料免除申請について、以下の内容に同意します。

I agree with the following details regarding my application for exemption from tuition fees.

◆申請に関する質問は、自分で行います。

Questions concerning application for exemption from tuition fees will be made by oneself.

◆申請基準日における申告内容は、事実と相違ありません。

(虚偽申告等があった場合、選考から除外され、本学の懲戒処分の対象となっても異存ありません。)

The contents of the declaration are accurate to the best of my knowledge.

(If there is found to be a false declaration or the like, it will be excluded from the screening and I acknowledge that there will be no right to objection even if it is subject to disciplinary measures at the university.)

◆大学からの呼び出しや要請は、指定された期限までに応じます。

(呼び出しや要請に応じなかった場合、授業料免除が不許可となることについて異存ありません。)

I will respond to calls and requests from the university by the specified deadline.

(If you do not respond to a call or request, I understand that tuition fee exemption may have been denied.)

◆学務Webシステム（学生カード提出）のメール着信テストを速やかに行います。

(学務Webシステムのメールを受信できなかったことにより、不利益が生じて異存ありません。)

I will promptly conduct the academic WEB systems's mail receipt test (student card submission).

(I understand that I have no right to object if I fail to conduct this test)

◆前期申請する場合は、変更事由確認書を確認します。

If I apply for the tuition exemption for the first semester, I will make sure to check the Statement of Reason for Change.

◆家庭調書等の書き方が間違っている場合は、大学担当者が修正することに異存ありません。

The university reserves the right to correct certificates if there are any discrepancies between them and the family record, etc.

◆留年した場合はすぐに申し出ます。

If my status at my current school changes (e.g: repeating a course, getting expelled or leaving the university, etc.), I will promptly inform the person in charge at the university.

| | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Student ID number | | | | | | | | | | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Recommendation with Written Statement of Reasons for Exemption from Tuition Fees

This format cannot be submitted.

(1) Privately-funded international students may be recommended if it can be confirmed that they have become unable to pay tuition fees due to changes in their household finances after entering Japan.

(See back side)

(2) Students may be recommended if **they have to repeat a year or their period of enrollment has exceeded the regular period of study (the standard course term)** due to unavoidable circumstances.

(See back side)

Name of the student
being recommended _____

Please check the box that indicates the reason for recommendation.

(1) Privately-funded international students

☐ The student has become unable to pay tuition fees due to changes in their household finances after entering Japan.

(2) Those who have repeated a year or whose period of enrollment has exceeded the regular period of study (the standard course term) due to unavoidable circumstances

☐ ① The student was unable to earn credits due to illness or due to being on a leave of absence due to an illness [Attach a doctor's certificate]

☐ ② The student was unable to earn credits due to studying abroad on a government-sponsored scholarship or subsidized by a local public body, etc.

(with a study abroad period of at least 6 months) [Attach proof]

☐ ③ The student repeated a year or exceeded the regular period of study due to reasons beyond the student's control, such as research theme or research methods, when writing a thesis as a graduate student [Attach proof]

*If ③ applies, read the sentence on the right and check the box. ⇒ ☐ The student has earned the credits required for completion other

☐ ④ Other reason [Attach proof of the unavoidable circumstances]

☐ The student took a leave of absence due to childbirth or childcare.

☐ The student took a leave of absence to participate in a public project at the request of the national government or local public body, etc.

☐ The student got a part-time or full-time job while continuing their studies to earn money for tuition, etc., due to the absence of a tuition-paying person or due to being a member of a protected household.

☐ The student is physically disabled.

Reason for recommendation by the academic advisor, etc. *Please be specific.

Please enter your comments here

(Month) (Day) (Year)

Affiliation _____

Name of academic
advisor (signature) _____

Please note that the academic advisor may be contacted regarding the comments provided.

1. Students eligible for selection

- (1) Students with excellent academic performance who face financial difficulty in paying tuition fees
 - (2) Students recognized as facing significant financial difficulty in paying tuition fees due to the death of their primary source of academic funding (hereinafter "tuition-paying person") within the six months prior to the payment deadline (or, in the case of new students, within the one year prior to enrollment), or due to suffering damage from a storm, flood, or other disaster, or due to their tuition-paying person suffering said damage
- *For privately-funded international students, only those who meet all of the following conditions are eligible.**
- **Students with excellent academic performance who face financial difficulty in paying tuition fees due to changes in their household finances after entering Japan**
 - **Students who are ineligible for the New Higher Education Support System due to visa status or other conditions**

2. Students ineligible for exemption (ineligible for selection)

Students who fall under any of the conditions (1) through (3) below may not apply.

- (1) Those who have repeated a year (those who meet the conditions of either ① or ② below)
 - ① Those who have repeated a year in the same grade during the application period for tuition fee exemption
 - ② Those who have not earned the minimum number of credits in the semester before the application period for tuition fee exemption
*Refer to the University website for the minimum number of credits required: Education and Student Life > Tuition and Financial Aid > Tuition Fee Exemption and Entrance Fee Exemption/Deferment
- (2) Those whose period of enrollment has exceeded the regular period of study (the standard course term)
- (3) Those who are a research student, non-degree student, or other non-regular student, or who are not charged tuition fees such as government-sponsored international students

***Even if the conditions of either (1) or (2) apply, students shall be eligible for exemption (eligible for selection) if they have met the standard credit requirements, and if any of the following circumstances ① through ④ below apply. However, the period of repeating or exceeding the regular period of study shall, in principle, be no longer than one year.**

- ① If unable to earn credits due to illness or due to being on a leave of absence due to an illness [Attach a doctor's certificate]
- ② If unable to earn credits due to studying abroad on a government-sponsored scholarship or subsidized by a local public body, etc. [Attach proof]
- ③ If repeating a year or exceeding the regular period of study due to reasons beyond the student's control when writing a thesis as a graduate student [Attach proof]
- ④ In the event of any of the following unavoidable circumstances [Attach proof of the unavoidable circumstances]
 - If the student took a leave of absence due to childbirth or childcare
 - If the student took a leave of absence to participate in a public project at the request of a public body, etc.
 - If the student got a part-time or full-time job while continuing their studies to earn money for tuition, etc., due to the absence of a financial supporter or due to being a member of a protected household
 - If the student is physically disabled

| | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|
| Student ID number | | | | | | | | | | |
|----------------------|--|--|--|--|--|--|--|--|--|--|

Applicant Income Application Form

(month) (day), (year)

To the President of Kagoshima University

This format cannot be submitted.

(Applicant's signature)

Name

I hereby declare that my income is as follows.

Please check the applicable box.

| |
|---|
| <input type="checkbox"/> No income (including expected income) as of the application deadline |
| <input type="checkbox"/> Income as of the application deadline: Check one of the following boxes. |
| <input type="checkbox"/> I had no income from January to December last year. |
| <input type="checkbox"/> My salary income from January to December last year was 1,040,000 yen or less. |
| <input type="checkbox"/> My salary income from January to December last year was over 1,040,000 yen. <small>*Submit documents that show the amount of income (e.g., copy of the withholding tax certificate, Certification of (Projected) Annual Income [Form 10], etc.)</small> |
| <input type="checkbox"/> I have submitted (will submit) a final income tax return for the period from January to December last year. <small>*Submit documents that show the amount of income (e.g., copy of the final tax return, Situation of (Projected) Income after Start of Business [Form 11], etc.)</small> |

If unable to submit a certificate of income tax by the deadline, fill in the following.

| | | |
|--|---|--------------|
| Fill in this section if you have yet to submit certificates of income tax | | |
| Name of the local government you are requesting to issue the | Prefecture | Municipality |
| Relatives for whom you are planning to submit certificates | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse <input type="checkbox"/> Other () | |
| Date you can submit the certificates | (month) | (day), 2025 |
| If there are any special circumstances, please provide details: | | |
| | | |
| | | |
| | | |
| | | |

Application Form

This format cannot be submitted.

(year) (month) (day)

年 月 日

鹿児島大学長 殿

To the President of Kagoshima University

(申立人自署) (Petitioner's signature)

氏名 Name

申請者との続柄

Relationship to applicant

鹿児島大学に在学中の（申請者）_____の授業料免除申請に際し、下記のとおり
申し立てます。

I, _____, hereby declare the following upon applying for a tuition fee exemption for (applicant), who is currently enrolled at Kagoshima University.

記

| | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 学籍番号 Student ID number | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

家計状況申立書【独立生計】
Application Form regarding Household Financial Circumstances [Independent Students]

(year) (month)
年 月

鹿児島大学長 殿
To the President of Kagoshima University

This format cannot be submitted.

(申請者自署) (Applicant's signature)

氏名 Name

私の家計状況については、下記のとおり相違ないことを申し立てます。 My household situation is as follows.

記

| 支出項目 Expenditure item | 年額 Annual amount |
|---|------------------|
| 必ず金額を記入する項目（「0」は不可） Please be sure to fill in the amount（“0” is not allowed） | |
| 家賃 Rent | |
| 食費 Food expenses | |
| 光熱水費 Utilities | |
| 通信費（電話・インターネット） Telephone bill and the internet expenses | |
| 教材費（テキスト、実習参加費等） Textbooks, training participation expenses, etc. | |
| その他生活費（衣料・日用品等） Other living expenses (clothing, daily necessities, etc.) | |
| 該当しない項目は、年額に「0」と記入してください。 For items that do not apply, enter “0” for the annual amount. | |
| 交通費（定期券代、ガソリン代等） Transportation fees (commuter pass fee, gasoline cost, etc.) | |
| 娯楽費（旅行、趣味） Entertainment expenses (travel, hobby, etc.) | |
| 教育費（本人の授業料を除く） Educational expenses (excluding applicant's tuition) | |
| 国民健康保険料 National health insurance premium | |
| 医療費 Medical fees | |
| 養育費（保育料等） Child care expenses (nursery school fees, etc.) | |
| 借入金の返済 Repayment of debt | |
| その他 Other | |
| 合 計 Total | |

| 収入等の項目 Income, etc., items | 年額 Annual amount |
|--|------------------|
| 該当しない項目は、年額に「0」と記入してください。 For items that do not apply, enter “0” for the annual amount. | |
| 奨学金【給付型】 Scholarship [Grant-type] | |
| 奨学金【貸与型】 Scholarship [Loan-type] | |
| 両親・親戚・知人等からの仕送り Remittance from parents, relatives, acquaintances, etc. | |
| 預貯金の引き出し Withdrawal of savings | |
| 給与収入（申請基準日時点で勤務している分） Salary income (from work as of the application deadline) | |
| 給与以外の収入（営業等・農業・不動産・利子等） Income other than salary (sales, agriculture, real estate, interest, etc.) | |
| 借入金 Loans | |
| 児童手当 Child allowance | |
| その他 Other () | |
| 合 計 Total | |

※支出の合計年額が収入の合計年額を上回った場合は、不備書類（不許可）となります。
*If the total annual expenditure exceeds the total amount of income, it will be considered an incomplete document (not permitted).

| | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 学籍番号 Student ID number | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

This format cannot be submitted.

家計状況申立書【私費外国人留学生】
Application Form regarding Household Financial Circumstances

(year) (month) (day)
年 月 日

鹿児島大学長 殿
To the President of Kagoshima University

申請者自署 (Applicant's signature)
氏名(Name)

私の家計状況については、下記のとおり相違ないことを申し立てます。
My household situation is as follows.

記

| 支出項目 Expenditure item | 年額 Annual amount |
|--|---------------------|
| 必ず金額を記入する項目（「0」は不可） Please be sure to fill in the amount ("0" is not allowed) 単位：円(yen) | |
| 家賃 Rent | |
| 食費 Food expenses | |
| 光熱水費 Utilities | |
| 国民健康保険料 National health insurance premium | |
| 通信費（電話・インターネット） Telephone bill and the internet expenses | |
| 教材費（テキスト、実習参加費等） Textbooks, training participation expenses, etc. | |
| その他生活費（衣料・日用品等） Other living expenses (clothing ,daily,necessities, etc.) | |
| 該当しない項目は、年額に「0」と記入してください。 For items that do not apply, please write "0 yen" in annual amount 単位：円(yen) | |
| 帰国費用（交通費を含む帰省費用） Return cost including transportation expenses | |
| 交通費（定期券代、ガソリン代等） Transportation fees (commuter pass fee, gasoline cost, etc.) | |
| 娯楽費（旅行、趣味） Travel, hobbies, etc. | |
| 医療費 Medical fees | |
| 教育費（本人の授業料を除く）・養育費（保育料等） Educational expenses excluding applicant's tuition, child care | |
| 借入金の返済 Repayment of debt | |
| その他 Othed expenditure () | |
| 合 計 Total | |

| 収入等の項目 Items such as income | 年額 Annual amount |
|--|------------------|
| 該当しない項目は、年額に「0」と記入してください。 For items that do not apply, please write "0 yen" in the annual amount 単位：円(yen) | |
| 本国からの仕送り Remittance from home country | |
| 奨学金【給付型】 Grant-type scholarship | |
| 奨学金【貸与型】 Loan-type scholarship | |
| 預貯金 Deposits | |
| 給与収入 Salary income | |
| 給与以外の収入（営業等・農業・不動産・利子など） Income other than salary (sales, agriculture, real estate, interest, etc.) | |
| 借入金 Loans | |
| 児童手当 Child allowance | |
| その他 Other income () | |
| 合 計 Total | |

※支出の合計年額が収入の合計年額を上回った場合は、不備書類（不許可）となります。
If the total annual expenditure exceeds the total amount of income, it will be considered an incomplete document (not permitted).

指導教員等の記入欄 Supervisor's entry field

| | |
|---|--|
| 指導教員等所属 Academic advisor, etc., affiliation | |
| 指導教員等（署名） Academic advisor, etc. (signature) | |

学籍番号
Student ID number

年収（見込） 証明書

Certification of (Projected) Annual Income
年収証明書 または 年収見込証明書
Certification of Annual Income or Projected Annual Income

This format cannot be submitted.

(year) (month) (day)
年 月 日

(依頼人) (Requester)

氏名 Name

申請者との続柄
Relationship to

鹿児島大学に在学中の（申請者）の授業料免除申請に際し、標記の証明書が必要ですので、下記事項を証明願います。
Please provide proof of the following matters as this certificate is required when applying for a tuition fee exemption for (applicant) , who is currently enrolled at Kagoshima University.

証明者の方へ To the person providing proof

該当する欄に☑を入れ、支払額（課税対象の総支給額）を記入してください。なお、雇用期間が1年未満等により1年間の支払（見込）額が証明できない場合は、証明できる期間の支払額（見込）を記入してください。

Check the applicable box and enter the amount paid (the taxable portion of the total amount paid). If unable to prove the amount paid (projected) for the year due to a period of employment of less than one year or other reason, enter the amount paid (projected) for the period for which you can provide proof.

1. ☐ 2024年1月2日以降に就職している
1. ☐ I have been employed since January 2, 2024, or later.

| | |
|--|--|
| 証明期間：就職月の翌月から1年間 Period of certification: one year from the month following the month of employment | 年 月 ~ 年 月 (year) (month) to (year) (month) |
| 支払（見込）額 (課税対象の総支給額) Amount paid (projected) (the taxable portion of the total amount paid) | 給与 Salary 円 yen 賞与 Bonus 円 yen 総額（給与+賞与） Total amount (salary + bonus) 円 yen |

2. ☐ 2025年中に休職などにより無給（減給）となる月がある
2. ☐ There will be months in 2025 when I will be on leave or otherwise not paid (or receiving reduced pay).

| | |
|---|--|
| 証明期間：減給となる月から1年間 Period of certification: one year from the month of pay reduction | 年 月 ~ 年 月 (year) (month) to (year) (month) |
| 支払（見込）額 (課税対象の総支給額) Amount paid (projected) (the taxable portion of the total amount paid) | 給与 Salary 円 yen 賞与 Bonus 円 yen 総額（給与+賞与） Total amount (salary + bonus) 円 yen |

上記のとおり支払った（支払う見込みである）ことを証明します。

(Year) (Month) (Day)

I hereby certify that the above amount was (will be) paid.

年 月 日

住所（所在地）
Address (location)
会社名（証明者）
Company name (the one providing proof)
電話番号
Telephone number

Seal
印

| | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 学籍番号 Student ID number | | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

開業後の収入（見込）状況

Situation of (Projected) Income after Start of Business

(year) (month) (day)
年 月 日

This format cannot be submitted.

氏名 Name _____

申請者との続柄
Relationship to _____

鹿児島大学に在学中の（申請者）_____の授業料免除申請に際し、下記のとおり相違ないことを証明します。
I, _____, hereby certify that the following is true and accurate upon applying for a tuition fee exemption for (applicant), who is currently enrolled at Kagoshima University.

※開業後、1年間の収入（見込）を記入してください。（開業後1年以上経過している場合は、直近1年分を記載してください。）

*Enter your (projected) income for the first year after opening your business. (If more than one year has passed since you opened your business, enter the

記

| 事業所名 Name of business | | 開業年月日 Date of opening the business | | 年 月 日 (Year) (Month) (Day) | |
|--|---|---|--|-------------------------------|-------------|
| No. | 開業から現在までの 収入状況 Income situation from opening the business to the present | 収入金額 (売上高) Income amount (Sales) | 必要経費 (売上原価等) Necessary expenses (Cost of sales, etc.) | 所得金額 Income amount | 備考 Notes |
| 1 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 2 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 3 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 4 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 5 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 6 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 7 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 8 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 9 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 10 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 11 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 12 | 年 月分 For (year) (month) | 円 yen | 円 yen | 円 yen | |
| 合 計 Total | | 円 yen | 円 yen | 円 yen | |
| 大学記入欄 Section for University use only | | 円 yen | 円 yen | 円 yen | |

| | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|
| 学籍番号 Student ID number | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|

無職の申立書

Application by Unemployed Applicant

This format cannot be submitted.

(year) (month) (day)
年 月 日

鹿児島大学長 殿
To the President of Kagoshima University

(申立人自署) (Petitioner's signature)

氏名 Name _____

申請者との続柄
Relationship to
applicant _____

鹿児島大学に在学中の（申請者）_____の授業料免除申請に際し、申請基準日に無職であること及び現在の生活費の出所を申し立てます。

I, _____, hereby declare that I was unemployed as of the application deadline and that my current living expenses come from the following sources, upon applying for a tuition fee exemption for (applicant), who is currently enrolled at Kagoshima University.

記

現在の生活費の出所
Sources of my current living
expenses

申請基準日より1年以内に無職となった場合は下記を記入してください

If you became unemployed within one year of the application deadline, fill in the following section.

| | | |
|---|-----------------------------------|--|
| 離職日 Date of leaving employment | 年 月 日 (Year) (Month) (Day) | |
| 退職金の有無 Whether or not you received severance pay いずれかに☑してください Check one of the following boxes | <input type="checkbox"/> 有 Yes | * 退職所得の源泉徴収票の写し又は退職金支払証明書【様式14】を添付してください。 *Attach a copy of the Withholding Tax Certificate for Severance Pay, or Certification of Severance Pay [Form 14]. |
| | <input type="checkbox"/> 無 No | |

※無職者が複数名いる場合は、本様式をコピーして作成してください。

*If multiple people are unemployed, make copies of this form.

| | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 学籍番号 Student ID number | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|

年金受給申立書

Application Form for Receipt of Pension

This format cannot be submitted.

(year) (month) (day)
年 月 日

鹿児島大学長 殿
To the President of Kagoshima University

(申立人自署) (Petitioner's signature)

氏名 Name

申請者との続柄
Relationship to

鹿児島大学に在学中の（申請者）の授業料免除申請に際し、下記のとおり年金を受給していることを申し立てます。
I, hereby declare that I am receiving a pension as follows upon applying for a tuition fee exemption for (applicant), who is currently enrolled at Kagoshima University.

記

| 年金の種類 Type of pension | 1年間の振込回数 Annual number of bank transfers | 1回の振込金額 (直近の振込金額) Amount of each transfer (Amount of the most recent transfer) | 大学記入欄 Section for University use only |
|--------------------------------------|---|---|--|
| | | 円 yen | 円 yen |
| | | 円 yen | 円 yen |
| | | 円 yen | 円 yen |
| | | 円 yen | 円 yen |
| | | 円 yen | 円 yen |
| | | 円 yen | 円 yen |
| 合計（1年間の年金額） Total (annual amount) | | 円 yen | 円 yen |

※受給額、受給者氏名を確認できる最新の年金通知書の写し等を添付してください。

*Attach a copy of the most recent pension notice, etc., that shows the amount of the pension and the name of the recipient.

※紛失した場合、再発行してもらってください。

*If you have lost the notice, have it reissued.

※厚生年金、国民年金、老齢年金、共済年金、企業年金、農業者年金、個人年金等、すべての公的年金及び私的年金が対象となります。

*This includes all public and private pensions, including welfare pension, national pension, old-age pension, mutual aid pension, corporate pension, farmers' pension, and private pension.

| | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 学籍番号 Student ID number | | | | | | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|

退職金支払証明書

Certification of Severance Pay

This format cannot be submitted.

(year) (month) (day)
年 月 日

(退職者) (Retiree)

氏名 Name

申請者との続柄
Relationship to

鹿児島大学に在学中の（申請者）の授業料免除申請に際し、標記の証明書が必要です。下記事項を証明願います。
Please provide proof of the following matters as the aforementioned certificate is required when applying for a tuition fee exemption for (applicant), who is currently enrolled at Kagoshima University.

記

| | | | |
|------------------------------------|--------------------|--|-------|
| 支払年月 Date of payment | 年 (year) 月 (month) | 支払金額 Amount paid | 円 yen |
| 勤続年数 Number of years of service | 年 (year) | 課税退職所得金額 Taxable retirement income amount | 円 yen |

上記のとおり支払ったことを証明します。

(Year) (Month) (Day)

I hereby certify that payment has been made as stated above.

年 月 日

住所（所在地）
Address (location)

会社名（証明者）
Company name (the one providing proof)

印
Seal

電話番号
Telephone number

| | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Student ID | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

Application Form for Receipt of Grants

(month) (day), (year)

To the President of Kagoshima University

This format cannot be submitted.

(Petitioner's signature)

Name _____

Relationship to applicant _____

I, _____, hereby declare that I am receiving grants (child support) as follows upon applying for a tuition fee exemption for (applicant), who is currently enrolled at Kagoshima University.

記

***If a single parent household, check the applicable box.**

| | | | | | |
|--|--------|---|---|--|--|
| <input type="checkbox"/> Single mother household | Father | <input type="checkbox"/> Deceased <input type="checkbox"/> Separated | Survivor's pension Support for child care expenses, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No |
| <input type="checkbox"/> Single father household | Mother | <input type="checkbox"/> Deceased <input type="checkbox"/> Separated | Survivor's pension Support for child care expenses, etc. | <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No |

If receiving a survivor's pension, attach a copy of [Form 13] and the most recent pension notice.

***If receiving grants (child support), fill in the following section.**

| | |
|--|----------------------|
| Supporter (name) _____ | (Relationship) _____ |
| (Most recent monthly amount) _____ yen | |

Student
ID

This format cannot be submitted.

Certificate of Student Status etc. [National school]

(year) (day)

Student enrolled at Kagoshima University (applicant for tuition fee exemption)

Faculty/Graduate school

Name

To the school affairs manager

The above student, who is currently enrolled at Kagoshima University, will be applying for a tuition fee exemption. We request your cooperation in certifying the following information regarding the student's sibling(s) enrolled at your school.

Student enrolled at your school who is receiving certification *Have the siblings who are receiving certification fill in and submit this form.

| | | | | |
|-------------------------|--|------|-------------|--|
| Faculty/Graduate school | | | School year | |
| Student ID number | | Name | | |

.....Have personnel in charge at the school, etc., fill in the form from here down. This form will be invalid if filled in by the student.

記

Enrollment status (Check the applicable box.)

☐ University (junior college) undergraduate (regular student) ☐ University graduate school (regular student) ☐ Technical college ☐ High school
☐ Special training college (advanced course) ☐ Special training college (vocational course) ☐ Other ()

Status of tuition fee exemption in the 2024 academic year

Annual tuition fees (amount prior to exemption) yen

| First semester | <input type="checkbox"/> Full exemption | <input type="checkbox"/> 2/3 exemption | <input type="checkbox"/> Half exemption | <input type="checkbox"/> 1/3 exemption | <input type="checkbox"/> 1/4 exemption | <input type="checkbox"/> Partial exemption | <input type="checkbox"/> No exemption | <input type="checkbox"/> No application | Exemption amount | yen |
|-----------------|---|--|---|--|--|--|---------------------------------------|---|------------------|-----|
| Second semester | <input type="checkbox"/> Full exemption | <input type="checkbox"/> 2/3 exemption | <input type="checkbox"/> Half exemption | <input type="checkbox"/> 1/3 exemption | <input type="checkbox"/> 1/4 exemption | <input type="checkbox"/> Partial exemption | <input type="checkbox"/> No exemption | <input type="checkbox"/> No application | Exemption amount | yen |

☐ Not applicable as the student will be enrolling in the 2025 academic year.

I hereby certify that the above information is true and accurate, and that the student is currently enrolled at this school.

(Year) (Month) (Day)

School name

Name of
section/officeName of person
in chargeTelephone
number

*This form is for national schools.

*If advancing to the final year of study in March, have the new educational institution certify this in April.

*If multiple people are enrolled, make copies of this form.

Document to apply for tuition fee exemption at Kagoshima University
For inquiries regarding this matter, contact the Financial Support Office (Exemption Manager), Student Affairs Division, Kagoshima University:
099-285-7033 or 099-285-7312

学籍番号
Student ID number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

障害者世帯申立書

Application by Member of Special-Needs Household

This format cannot be submitted.

(Year) (Month) (Day)

年 月 日

鹿児島大学長 殿

To the President of Kagoshima University

(該当者) (The individual concerned)

氏名 Name

申請者との続柄
Relationship to

鹿児島大学に在学中の（申請者） _____ の授業料免除申請に際し、下記のとおり申し立てます。
I, _____, hereby declare the following upon applying for a tuition fee exemption for (applicant),
who is currently enrolled at Kagoshima University.

記

| | |
|---|------------------|
| 障害者手帳番号 Disability certificate number | _____ |
| 等 級 Grade | _____ 級 grade |

下記は該当に☑してください Check the applicable box below.

| | |
|--|--|
| 認 定 期 限 Expiration date of certification | <input type="checkbox"/> 認定期限有り There is a certification expiration date (_____ 年 _____ 月 _____ 日まで) (By (year) (month) (day)) |
| | <input type="checkbox"/> 認定期限無し There is no certification expiration date. |
| 障害者年金受給の有無 Pension for persons with disabilities | <input type="checkbox"/> 有 Yes |
| | <input type="checkbox"/> 無 No |

- ◆「障害者手帳のコピー」を添付してください。
- ◆ Attach a copy of the disability certificate.
- ◆ 障害者が複数名いる場合は、本様式をコピーして作成してください。
- ◆ If there are multiple persons with disabilities, make copies of this form.

Student ID
number

長期療養証明書

Certification of Long-Term Medical Treatment

This format cannot be submitted.

(year) (month) (day)

To the President of Kagoshima University

(Person receiving treatment)

Name

Relationship to
applicant

Please provide proof of the following matters as the aforementioned certificate is required when applying for a tuition fee exemption for (applicant) _____, who is currently enrolled at Kagoshima University.

*To medical institutions

•Only provide certification if, as of the time of certification, the period of treatment is six months or longer (including the date of admission).

•The amount of patient contribution includes the amount of insurance for treatment and excludes the cost of meals for inpatients as well as rent and meals (other than dietary therapy) at elderly care facilities.

1. Name of
injury or illness2. Period of
treatment

Hospitalization

(month) (year) to (month) (year) (planned) / Undecided

Outpatient
treatment

(month) (year) to (month) (year) (planned) / Undecided

3. Type of
insurance card

National health insurance, social insurance, geriatric insurance, etc. ()

4. Amount of patient contribution (amount of co-payment under medical or long-term care insurance)

| | | | | | | | | |
|------|------|-----|-----|-----|-------|---------------------------------|-----|-----|
| 2024 | Jan | yen | Feb | yen | Mar | yen | Apr | yen |
| | May | yen | Jun | yen | Jul | yen | Aug | yen |
| | Sept | yen | Oct | yen | Nov | yen | Dec | yen |
| 2025 | Jan | yen | Feb | yen | March | yen | Apr | yen |
| | May | yen | Jun | yen | Jul | yen | Aug | yen |
| | Sept | yen | | | | Section for University use only | | |

I hereby certify that the above is true and accurate.

(month) (day), (year)

Address

Name of medical
institutionName of person
filling in this form

Seal

*If there are multiple persons receiving long-term care, make copies of this form.

| | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|
| Student ID | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|--|

Application Form for Separation from a Tuition-paying Person due to Moving Out to Live Alone, etc.

(month) (day), (year)

To the President of Kagoshima University

This format cannot be submitted.

(Petitioner's signature)

Name

Relationship to
applicant

I, _____, hereby declare that my circumstances of living on my own, etc., are as follows upon applying for a tuition fee exemption for (applicant), who is currently enrolled at Kagoshima University.

記

| Address of new post, etc. | | |
|---|---|---------------------------------|
| Period of new post | From (month) (year) to (month) (year) | |
| Allowance for being posted away from family | <input type="checkbox"/> Yes (Monthly amount:) <input type="checkbox"/> No | |
| Amount you spend on being posted away from family | | |
| Item | Monthly amount (average of the last three months of utilities) | Section for University use only |
| Housing expenses | yen | yen |
| Electricity charges | yen | yen |
| Gas charges | yen | yen |
| Water charges | yen | yen |
| Other | yen | yen |
| Total | yen | yen |

[Attachments]

◆ If receiving an allowance for being posted away from family, attach a copy of a pay slip or other document that shows the amount of the allowance.

◆ Attach a copy of the most recent receipt for housing expenses (that shows the payment record and

◆ Attach a copy of the most recent three months' **receipts** for utility expenses (electricity, gas, and water).

*Meter reading slips such as a Notice of [Utility] Consumption and invoices that only show the amount billed are not accepted as receipts.

*Food, communication, and transportation expenses between your home and new post are not deductible.

Student ID

被害状況届

Notification of Circumstances of Damage

This format cannot be submitted.

(month) (day), (year)

To the President of Kagoshima University

(Signature of the person issuing the notification)

Name

Relationship to
applicant

I, _____, hereby issue notification that I have suffered damage as follows upon applying for a tuition fee exemption for (applicant), who is currently enrolled at Kagoshima University.

記

| | |
|-----------------------------|---|
| Type of damage | *Circle the applicable item. Typhoon, flood, fire, earthquake, collapse, other () |
| Date and time of damage | Around (month) (day), (year) (hour) (min) |
| Location of damage | |
| Circumstances of damage | |
| Residence / Contact details | 〒 TEL: - - |

Amount of damage to the minimum materials necessary for daily life (repair costs, medical expenses, furniture purchases, etc.)

*Attach a copy of the disaster certificate or robbery report certificate, and a copy of the repair cost estimate or receipt.

| Item name, etc. | Amount of damage | Item name, etc. | Amount of damage |
|-----------------|------------------|-----------------|------------------|
| | yen | | yen |
| | yen | | yen |
| | yen | | yen |

Annual amount of income lost due to damage to means of production (fields, stores, etc.)

*Attach something that can prove the amount of income loss that is acknowledged as long-term.

| | |
|------------------------------|--|
| Facilities damaged | |
| Annual amount of income lost | |

Insurance claim, compensation an *If there is a claim, etc., attach a copy of the insurance payment statement.

| | | | |
|--|--|-----------------|-----|
| Name of insurance claim | | Amount received | yen |
| Name of compensation for damages, etc. | | Amount received | yen |

*If you are applying due to a disaster, you need to submit a Notification of Circumstances of Damage.

*If claiming a miscellaneous loss deduction when filing your final tax return, attach a copy of it.

| | |
|---------------------------|--|
| 学籍番号 Student ID number | |
|---------------------------|--|

申請取り下げ書
Withdrawal Application Form

(Year) (Month) (Day)

年 月 日

Faculty / Graduate school

学部・研究科

Department / Course

学科・課程

(year)

年

申請者氏名
Name of applicant

This format cannot be submitted.

2025年度の授業料免除申請について、下記のとおり取り下げます。
I hereby withdraw my application for tuition fee exemption for the 2025 academic year as follows.

記

※該当するところに☑してください。 *Check the applicable box.

| | | | | |
|---|--|---|--|--|
| 取り下げる 申請期 Period of application withdrawn | <input type="checkbox"/> 前期申請 First semester application | <input type="checkbox"/> 後期申請 Second semester application | <input type="checkbox"/> 変更申請 Application for changes | |
| 取り下げ 理由 Reason for withdrawal | <input type="checkbox"/> 修了・卒業 Completion / Graduation | <input type="checkbox"/> 退学 Withdrawal | <input type="checkbox"/> 休学 Leave of absence | <input type="checkbox"/> 辞退 Declining |
| | <input type="checkbox"/> その他 () Other | | | |

※期の途中で取り下げた場合、直近の授業料引き落とし日に授業料が引き落とされます。
*If withdrawing during the semester, tuition fees will be automatically withdrawn on the next tuition fee payment date.

大学使用欄 For University use only

☐ 経理部署連絡 ()
Contact Accounting Department

☐ sys取下 ()
System withdrawal

☐ acc削除 ()
Account deletion

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