

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

For the 2026 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8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8年度(令和7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 2026) differs from your total income for the previous academic year (as stated on your 2026 (2025) 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☑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"/>	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 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"/>	在留資格認定証明書交付申請書または在留期間更新許可申請書の写し A copy of Application for Certificate of Eligibility or Application for Extension of Period of Stay	<input type="checkbox"/>	
*	*	*	<input type="checkbox"/>	令和8年度(令和7年分) 所得額・課税額証明書 Certificate(s) of income and tax for 2025 (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"/>	

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	提出書類に於い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"/>	年収（見込）証明書【様式10】 Certification of (Projected) Annual Income [Form 10]	<input type="checkbox"/>		
◆	◆	◆	<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 又は 資格確認書のコピー Copy of Health Insurance card or health insurance eligibility 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.

Student ID number

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 (disaster) 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))	

Status of grant-type scholarship reception

***Do not include loan-type scholarships**

I did not receive a scholarship in the previous academic year
 I will not receive a scholarship in this academic year
 I received a scholarship in the previous academic year
 I will receive a scholarship in this academic year

Scholarship name	Monthly amount	Previous academic year		This academic year	
		Received	Not received	Received	Not received

I have applied for this academic year, but the results are pending.

(Unit: 1,000 yen)

Grant-type scholarship

Relationship	Name	Age	Occupation <small>If unemployed, write "Unemployed"</small>	*Refer to the back side to fill in the applicable income		Salary income <small>(Unit: 1,000 yen)</small>		Non-salary income <small>(Unit: 1,000 yen)</small>		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"/>

Relationship	Name	Age	For items marked with an asterisk (*), fill in the applicable number.					Status of tuition fee exemption in the previous academic year <small>(National universities only)</small>					
			*Installation category:	*School category:	*Commuting category:	*Installation category:	*School category:	*Commuting category:	School year	School name	Exemption Category	First semester	Second semester
Student			1. National 2. Public 3. Private	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)	1. Home 2. Other than home / Dormitory				0. None 1. Full exemption 2. Half exemption	3.2/3 4.1/3 5.1/4			

▼ If applicable, fill in the details and attach the necessary documents.

Special deductions, etc.	Single-parent household		Applicable		Household on welfare		Applicable
	Father (Deceased / Separated)	Mother (Deceased / Separated)	(month)	(day), (year)	Households exempt from taxation	Applicable	
Household with a disabled person	Relationship: persons				Disabled person / Atomic bomb survivor (The applicant)	Applicable	
Household with a long-term care recipient	Relationship: From (month) (year)				Number of people in household		
Household in which the tuition-paying person	Relationship: From (month) (year)				Number of children in household		
Household that has suffered damage from a	Date of damage (month) (day), (year)						

Temporary inclusion (Retirement allowance, etc.)	Already included / To be included next time
Handover comments	

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, Withdrawal of deposits, etc.	
	⑫	Grant-type scholarship	

学籍番号 Student ID number																			
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同意書 Consent Form

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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.

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																			
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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 all that apply.
<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 your certificate of income tax, 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), 2026
If there are any special circumstances, please provide details:		
.....		
.....		
.....		
.....		

学籍番号 Student ID number																				
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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) 単位：円 Unit: yen	
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. 単位：円 Unit: yen	
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.	
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	
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	
借入金の返済 Repayment of debt	
その他 Othed expenditure ()	
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. 単位：円 Unit: yen	
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																				
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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 Other 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																				
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年収（見込） 証明書

This format cannot be submitted.

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

(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. 2025年1月2日以降に就職している

1. I have been employed since January 2, 2025, 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 円 Salary yen	賞与 円 Bonus yen
	総額（給与+賞与） Total amount (salary + bonus) 円 yen	

2. 2026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 2026 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 円 Salary yen	賞与 円 Bonus 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																				
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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 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)	
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	円 yen
大学記入欄 Section for University use only	円 yen	円 yen	円 yen	円 yen

学籍番号 Student ID number																			
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無職の申立書

Application by Unemployed Applicant

(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																			
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This format cannot be submitted.

年金受給申立書 Application Form for Receipt of Pension

(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
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																				
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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 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、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 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) _____

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Seal

電話番号
Telephone number _____

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

This format cannot be submitted.

Student ID																			
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Certificate of Student Status etc. [National school]

_____ (year) _____ (day)

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

Faculty/Graduate school	Name
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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.)

<input type="checkbox"/> University (junior college) undergraduate (regular student)	<input type="checkbox"/> University graduate school (regular student)	<input type="checkbox"/> Technical college	<input type="checkbox"/> High school
<input type="checkbox"/> Special training college (advanced course) <input type="checkbox"/> Special training college (vocational course) <input type="checkbox"/> Other ()			

Status of tuition fee exemption in the 2025 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
<input type="checkbox"/> Not applicable as the student will be enrolling in the 2026 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/office _____
 Name of person in charge _____
 Telephone 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

Student ID number																			
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長期療養証明書

This format cannot be submitted.

Certification of Long-Term Medical Treatment

(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 period of treatment)
- 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 illness _____

2. 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)

2025	Jan	yen	Feb	yen	Mar	yen	Apr	yen
	May	yen	Jun	yen	Jul	yen	Aug	yen
	Sept	yen	Oct	yen	Nov	yen	Dec	yen
2026	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 institution _____

Name of person filling in this form _____ Seal

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

Student ID										
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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 amount).
- ◆ 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										
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被害状況届

This format cannot be submitted.

Notification of Circumstances of Damage

_____ (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.

