

## Nagoya University Tuition Fee Exemption Application Form

To: the President of Nagoya University

2020 / 4 / 1

10

I hereby apply for Tuition Fee Exemption of FY2020 with required documents attached.

Student ID Number

## 1. Application Category

※Circle the category of your application.

 Sudden Change of Household Finances due to COVID-19

Please submit additional proof for change finances due to COVID-19.

1. Only Fall Semester (green envelope)

2. Change application from Spring Semester (yellow envelope)

## 2. Applicant's Profile

Name of School or Graduate School	Entrance Year and Month ·April·October YYYY	Undergraduate	Bachelor of:	Dept:	Grade:	B
		Master	Master of :	Dept:	Grade:	M
		Doctor	Doctor of :	Dept:	Grade:	D
Name in Katakana/ Applicant's name		Address	〒 —			
		Phone	( ) —			
		E-mail				
Applicant's Parents Name		Address in Home Country	〒 —			
		Phone				

## 3. Reasons for Application (Describe your financial situation and any other relevant reasons.)

※You are required to fill out at least two lines of this form.

## 4. Family Structure

(Put O next to the main household budget supporter and put X next to family members who do not live with

		Relationship	O X	Name	Age	Occupation	Employment Date	Company and Position
Family Members not in education	Household Budget Supporter	Father		※1				
		Mather		※1				
				※2				
	Household Budget Supporter's Dependents							
Self-Supporting (International) Student	Applicant							
	Spouse							

※1 International Students also fill in these boxes, if their parents live in Japan.

※2 An applicant under financial support by a person who are not his/her parents shall fill in these boxes.

Family Members in education	Relationship	Name	Age	Name of School Circle National, Public (Prefectural, Municipal, or Metropolitan), or Private	Grade	Residence ※3	Tick with planned education
	Applicant			Nagoya University School/Graduate School		Home Others	
				National Public Private		Home Others	
				National Public Private		Home Others	
				National Public Private		Home Others	
				National Public Private		Home Others	

※3 Circle Home or Others to indicate your residence.

※4 School certificates of applicant's families under non-compulsory education shall be submitted.

(The applicant's certificate is not required.)

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5. Household Financial Situation

Unit: JYE1,000

About miscellaneous income	Type	Relationship	Income amount	Type	Relationship	Income amount
	Interest/Dividend		¥ K	Side work		¥ K
	Child Support/ Other Support		¥ K	Real estate		¥ K
	Other ( )		¥ K			
About incidental income	Type	Relationship	Income amount	Detail		
	Transferred property		¥ K	Occurrence Date:	Receipt Date:	
	Forestry Income		¥ K	Occurrence Date:	Receipt Date:	

※University Use Only						
	Relationship	Income	Total of income	Other income	Miscellaneous income	Incidental income
Household Supporter	Father	Salary ¥ K	¥ K	¥ K	¥ K	¥ K
		Pension ¥ K				
	Mother	Salary ¥ K	¥ K	¥ K	¥ K	¥ K
		Pension ¥ K				
		Salary ¥ K	¥ K	¥ K	¥ K	¥ K
		Pension ¥ K				
Self-Supporting (International) Students	Applicant	Salary ¥ K	¥ K	¥ K	¥ K	¥ K
		Pension ¥ K				
	Spouse	Salary ¥ K	¥ K	¥ K	¥ K	¥ K
		Pension ¥ K				

6. Other information

Single Parent Family	<input type="checkbox"/> Single Mother <input checked="" type="checkbox"/> Father    Deceased • Separated (Date: ) <input type="checkbox"/> Single Father <input checked="" type="checkbox"/> Mother    Deceased • Separated (Date: )			
Person with disabilities	Relationship	Type of Disability / Rank	Registration Number	Total No. of People
Household on public assistance	Types of Assistance: Livelihood / Housing / Education / Medical / Elderly Care / Job / Others ( )			
Self-Supporting Student	Self-Supporting Student / Self-Supporting international student			
Household with a treatment patient for 6 months or longer	Relationship	Illness	Period of treatment	Est. Annual Treatment Fees
			FROM: TO: ¥ K	
			FROM: TO: ¥ K	
Principal Earner is separated from Family	Relationship	Principal Earner's Address	Reason	Est. Annual Expenses
				¥ K
Household suffered from fire, windstorm, flood, or theft.	Occurrence Date	Status of Damage	Insurance Benefit or Compensation Received	Est. Annual Expenses
			Yes / No	¥ K

※Check the box on the left if there is applicable item, and fill in the requires fields matter.

University Use Only

University use only (Calculation field)						
Type	①	Gross Income	¥			K
	②	Total Deductions	¥			K
	③	Adjusted Gross Income	¥			K
Number of Members in Household	④	Criterion Income	Total	¥	K	Half
			¥	K	¥	K
	⑤	Appraisal	+	¥	K	+
			+	¥	K	+