

## Nagoya University Admission Fee Exemption and Postponement of Collection of your admission fee

2020 / 4 / 10 / 1

To: the President of Nagoya University

I hereby apply for Admission Fee Exemption in 2020 and/ or Postponement of Collection of my Admission Fee and submit the relevant documents as attachments.

### 1. Application Type

※Circle the applicable choice.

Sudden Change of Household Finances due to COVID-19  
Please submit additional proof for change finances due to COVID-19.

※University Use Only
Student Number※

1. Exemption      2. Exemption or Collection Extension (in case of half exemption or rejection)  
3. Collection Extension

### 2. Applicant's Profile

Name of School or Graduate School	Entrance Year and Month ____ · April · October YYYY	Undergraduate	Bachelor of :                      Dept :                      Grade :	B M D
		Master	Master of :                      Dept :                      Grade :	
		Doctor	Doctor of :                      Dept :                      Grade :	
Name in Katakana/ Applicant's name		Address	〒                      —	
		Phone	(                      )                      —	
Applicant's Parents Address in Home Country		Address	〒                      —	
		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 ○ next to the main household budget supporter and put X next to family members who do not live with

		Relationship	○ ×	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		Home	
					School/Graduate School		Others	
					National Public Private		Home	
					National Public Private		Others	
					National Public Private		Home	
				National Public Private		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.)

※University Use Only									
Student Number					Name				

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
		Pension	¥	K						
	Mother	Salary	¥	K	¥	K	¥	K	¥	K
		Pension	¥	K						
Self-Supporting (International) Students	Applicant	Salary	¥	K	¥	K	¥	K	¥	K
		Pension	¥	K						
	Spouse	Salary	¥	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
						¥	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	
	⑤ Appraisal		△	¥	K	△	¥	K	
			+	¥	K	+	¥	K	