



Fill in the blanks in black letters and submit in Excel format for revision and addition .

		_											
	、等作成 sant, part 2			習学」)						在留資格認定証明書用 For certificate of eligibility	Leave as pre-filled in. If they		
	名称	Place of s	study 熊本大	are blank, fill in as follows: 熊本大学									
(2)	Name of school									096-344-2111	熊本市中央区黒髪2-39-1 - 096-344-2111		
	学年数 stal period o			学歴) mentary school to last instituti	- 090-344-2111								
	終学歷 在籍状?		E学中の □										
	Registered enrollment Graduated In school □ 大学院(博士) □ 大学院(修士) □ 大学院 Doctor Master Bach □ 高等学校 □ 中学校 □ 小学校						porary abs	回短期	期大学 pr college	darawal 口	Make sure to choose one from each section.		
(2)	学校名	or high scl	hool	Junior high school									
Name of the school Date of graduation or expected graduation Year Month 25 経歴(直近5年の職歴及び学歴(高等学校卒業以降のものに限る)を記入) Personal history(Work experience and educational background for the last 5 years (limited to those after graduating from senior high school)) For March For March													
始	rsonal histo 朔 tart	彩	xpenence 朔 nish	明				rgraduatin 終 Fin	期	ior high school)) 释歴			
年 Year	月 Month	年 Year	月 Month	Personal histo	ry .	年 Year	art 月 Month	年 Year	月 Month	Personal history			
	•										Write in the chronological		
											order. (Old to new)		
27 日: Jap P Org 28 藩 Met (1) 二	機関のrganizati Period Others Others Ananese edu Ananese edu Ananes	よる証明 Narr 教育を ion from Cation his botto pay in Japan	用 ee of the ter 受けた考 高等学校 tory (Fill in 1 to have re 去等(生; for expens 月 平均う 者負担	な育機関及び期間 年 Year において教育を受けた fee followings when the applic たによる教育を受けた ceived Japanese language ed 年 Year 活費,学費及び家賃 es while in Japan(fill in with re こ弁額 Method 円 Yee	Organizat Do not る場合に記フ ant plans to study 数容機関及で lucation / received Month to こついて記入 gard to living expo of support and an 円 Yen	fill Ou () (in high sod () 次期間 (education () (すること enses, tuiti a amount ol 日 円 Yen	t. hool) hool) hoy Japane con and ren f support pr 在外経 Supporter	e received Ye ese langua ese langua () * multiple er month () 費力弁 living abec 」 契叶 Scho	Japanese E sar ge E e answers average) 者 ad 学金 slarship		If you are to receive scholarship during the stay in Japan, fill in the amount per month in JPY (Japanese yen). Also provide a certification for the scholarship as certificate of finance.		
(2)経費支弁者(複数人いる場合は全てについて記入すること。)※任意様式の別紙可 Supporter(If there is more than one, give information on all of the supporters)*another paper may be attached, which does not have to use a prescribed format. ①氏名 Name ②住所 Address ③職業(勤務先の名称) Occupation (place of employment) ④年 収 Annual income													
					Please co nto JPY (J				ıt				

Fill in the blanks in b	lack letters and submi	t in Excel forma	t for revision	and additio	n.				
申請人等作成用 3 P(「留学」) For applicant, part 3 P ("Student")			格認定証明書用 tificate of eligibility						
 (3)申請人との関係(上記(1)で在外経費支弁者負担又) Relationship with the applicant (Check one of the followings when 二夫 二妻 □父 □母 Husband Wife Father Mother □兄弟姉妹 □叔父(伯父)・叔母 Brother / Sister Uncle / Aunt □友人・知人の親族 □取引関 	n your answer to the question 27(1) is su 口祖父 口祖母 Grandfather Grandmother	合に記入) pporter living abroad or Japa □ 養父 □ Foster father 機関 □ ıstitution							
 □ 取引関係者・現地企業等職員の親族 Relative of business connection / personnel of local enterp (4))奨学金支給機関(上記(1)で奨学金を選択した Organization which provide scholarship (Check one of the follow □ 外国政府 □ 日本国政府 Foreign government 」 Japanese government 	□ その他(nise Others :場合に記入)※複数選択可	I) is scholarship) * multiple a) nswers possible		to receive p during the stay in ke sure to fill in.				
 公益社団法人又は公益財団法人(Public interest incorporated association / Public interest incorporated foundation)	□ その他(Others)					
29 卒業後の予定 Plans after graduation □帰国 □日2		•		finishing a you chose	our plan after a degree in Japan. If e "others," write your				
30 本邦における申請人の監護人(通学先が中学校 Actual guardian in Japan (Fill in the following if the applicant is to (1)氏名 Name (3)住所 Address	又は小学校の場合に記入)			For excha	ne "Others" column. nge students, Return to home				
電話番号 Telephone No.	携帯電話番号 Cellular Phone No.	27							
31 申請人,法定代理人,法第7条の2第2項に規定 Applicant, legal representative or the authorized representative, pre (1)氏 名 Name (3)住 所 Address		ne applicant							
電話番号 Telephone No.	携帯電話番号 Cellular Phone No.								
以上の記載内容は事実と相違あり 申請人(代理人)の署名/申請書作成年月	ません。 I hereby declare th Signature of the ap	at the statement given above plicant (representative) / Dat							
	Do not fill out.	年 Year	月 Month	日 Day					
注意申請書作成後申請までに記載内容に変更が 申請書作成年月日は申請人(代理人)が自署す Attention In cases where descriptions have changed after filling in th part concerned and sign their name. The date of preparation of the application form must be wr ※取次者 Agent or other authorized person (1)氏名 (2)- Name	ること。 s application form up until submission of			prrect the					
(3)所属機関等 Organization to which the agent belo		電話番号 Tele	phone No.						