Application Form for Support Type B

　　　　　　　　　　　　　　　　　　　　　　　　　　　　Date / /

To President,

Faculty/Graduate School

Department / Major

Student ID No.

Name

I will apply for support for the examination fee of the English proficiency test as follows.

I agree to the Consent content, and before applying for English Language Proficiency Test assistance.

|  |  |  |
| --- | --- | --- |
| Name of Examination | Score/Grade | Test date |
| * TOEIC L&R test * TOEIC IP test * TOEFL-ITP test * TOEFL-iBT test * EIKEN * IELTS * Others （　　　　　　　　　　　） |  | / /  Day/ Month/ Year |
| Test fee |
| Yen |

（fill out the necessary information）

＊Please attach a copy of score report.

|  |
| --- |
| Consent content  I agree on the following.  １　I understand that support by this system is only one time during enrollment.  I also understand that even if we cancel after applying, we cannot receive support from this system afterwards.  ２　Personal information that the university has acquired through this process is used for the purposes for the following tasks:  ・Tasks related with student support services  ・ Other statistical processing tasks without personal identifiers  　　３　 I will cooperate when the university conducts a survey on English proficiency. |