

Student Number																					Furigana	
																						Name

Record of (expected) salary payment

To whom it may concern:

Beneficiary's name

Signature

Address

I wish to certify the following information regarding my salary in order to qualify to apply for a waiver of enrollment or tuition fees at Kanazawa University.

The following must be completed by the employer, not the applicant:

This must be filled out by the employer. If applicants fill out the form by themselves, it will not be accepted.

Employment	Year	Month	Day	Year 20____ Month____ Day		
Type of employment	* Full-time staff · Part-time staff · Other ()					
Total payments for the past three months (Anticipated) Value (before deductions, excluding bonuses.)	Month		Month		Month	
	¥ (Commuting allowance)		¥ (Commuting allowance)		¥ (Commuting allowance)	
Bonus payments (anticipated)	* With bonuses (equivalent to _ months' salary)_____ · No bonuses offered					

(Note) For columns with a "*", please circle the applicable answer.

I hereby certify the above to be correct:

20 Year Month Day

Address

Payroll manager Office name

Signature

Name