Application for admission fee waiver (deferral of payment) and tuition fee waiver for the 2025 academic year (the second semester) **Applicant Form**

October 1 2025

To the President of Kanazawa University

		o apply for an ac	dmission fee waiv	er (deferral of	e payment) and tui	tion fee wa	aiver for the 2025 academic year, and attac								
or	questi	ons with a "□,"	please check the	appropriate bo	OX.										
	Appl	ission fee waiver ication Category (Check one)	☐ Application for admission fee wa		☐ Application for admission fee pa		of Not applicable								
	Appl	on fee exemption ication Category (Check one)	☐ Application for semester only	r the Second			☐ Not applicable								
		Application Category	□ General		☐ Self-support	ted individ	ual 🔲 International student								
	Re	gistration of tion transfer account	☐ Registered ☐ Registration aff	l ter arrival in Japan	You need to go the apply for tuition	_	ough the account transfer procedure even if you exemption.								
		N	ame		Address		Contact details								
				Zip code:	-	TEL:									
	Applicant					Mobile Email									
	ant	Student classification	Affiliation (Fil	l in the depar	tment you plan to	enroll.)	Grade								
		☐ Graduate School	Division of	ol oftudies students f	fill in this column.)		 □ Master's/PhD First semester □ PhD/Post-doctorate □ Doctor of Medicine/Pharmacy □ Professional Degree Program 								
	En	N	ame		Address		Contact details								
	Emergency contact information		(Relation:)		- udents should provide a living at a separate		TEL: — — — Mobile: — — — — — — — — — — — — — — — — — — —								
		for Application ed out in detaile		ms by the ap	plicant in his/her o	own handw	vriting)								
he	re the	e main income ea	arner is unemploy	yed Date of	unemployment	D	ate Year Month \sim								
>	Year	Month	High School	Technical Colleg	ge/Junior College	□Graduate	☐Anticipated Graduation ☐Withdrawal								
1	Year	Month	University		Faculty [Graduation	raduation □Anticipated Graduation □Withdrawal								
۸	Year	Month	Graduate Sc	hool □Master's	Postgraduate Pı □PhD First semeste	_									
		s part-time wor			ng part-time job	□No	reviously worked Last day worked (Year Month)								
nd employment status Employed perso (Working adult, supported, etc.)					ary employment	□ Yes □No Las	et day worked (Year Month)								

(Form 1-2)

Student number Furigan Name																										
For questions with a "\subsection." please check the appropriate box. For international students, Family members living together in Japan only * Check colors. In the colors of the colors.															ı blue											
	Relation	Name			A			Age Company name			Dat	Date of employment			nt	Total salary (Yen, thousands)					Total non-salary income (Yen, thousands)					
	Applicant												*Da	ite		~		(1011,	0110 41			(10)	, (11)	, cast		
exc	Father												* Da	ite		\sim										
(1) F ludin	Mother												* Da	ite		~										
amily g per													* Da	ite		~										
sons													* Da	ite		\sim										
(1) Family members excluding persons in school													* Da	ite		~										
s hool													*Da	ite		~										
(2) Applica nt		Commuting □ Living at home □ Living away from home																								
28	Classiii			О: Ве	nefit-type *Loan-type does not need to be filled in.																					
3	Currei year) m	onth		. () yen per month											received thousands)			
Sch	2025		Name of other scholarship Name of other scholarship														ths (Annual value)									
(3)Scholarship	JASSO: Be				enefit-type *Loan-type does not need to be filled in.												<u></u>		- (4140)							
shi	year 2024		() yen per not												ıth v (•	mont	hs mont	he							
Þ			Name of other scholars					<u>-</u>			: (-														
									~ 1	,	11			•									Com	mι	iting	
	Relation	Γ	Vame	•	ТУ	Type School enrolled (Year of admission) (School year)								c.	lass	ific	ation									
					□National □Elementary school □Junior High School □High School □University □Technical College □Special vocational school (High school course)									7	□Living at home											
4			□Public □Special vocational school (Specialized course)											□Living away from home												
) Pei		(Age	: Ye	ears)	□Priv	ate	Name of school (Year of admission) (Grade										City ()									
ersons enrolled in study ccluding the applicant)				□ National □ Elementary school □ Junior High School □ High School □ Universit □ Technical College □ Special vocational school (High school course)										7	□Living at home											
s en: ng t]					□Pub	ublic Special vocational school (Specia						ecializ	cialized course)								☐Living away from home					
rolle he a		(Age	: Ye	ears)	□Priv	ate	_		f schoo							dmiss	-)	(Gra		Cit)	
d in			□ National □ Elementary school □ Junior High School □ High School □ University □ Technical College □ Special vocational school (High school course)									7	□Living at home													
stu					□Pub	lic		Speci	al voca	ıtiona	ıl sch	ool (Sp	ecializ	ed co	urse)							☐Living away from				
dy		(Age	: Ye	ears)	□Priv	ate	_		f schoo							dmiss	_)	(Gra		Cit)		
					□ National □ Elementary school □ Junior High School □ High School □ Technical College □ Special vocational school (High												□Living at home									
					□Pub	lic		Speci	al voca	itiona	ıl sch	ool (Sp	ecializ	ed co	urse)							□L hom	_	aw	ay from	
		(Age	: Ye	ears)	□Priv				f schoo							dmiss)	(Gra	ide:	Cit	у()	
	Single parent household			ld	□No				eath			_	ation		(Year		Mo)			applica			
(5) exe					□No Relation			⊔L Disa	Death				ation vivor (v		(Year disabil		Mo	ntn)		1. A	pplica	ble		
) S _I	Households with disabled persons			led	Certification number (Persons									
(5) Special exemptions				Relation () □ Disabled □ A-bomb Survivor (with disability) Certification number ()														T CISOIIS								
al ns	Households affected by			Damag	e deta						`					Valu	e of d	ama	ge							
	disasters, storm and flood damage, theft, etc.			ood																	¥					
Ei cc by th														I	Famil	y men	nbers	s							Persons	
Field to be completed by the university														۶		appor		0: No	• 1:	Yes						
be ed ersity													sehold i t of pub		0: No	• 1:	Yes									
													Chec	ked				Enter	ed		Ver atio	rific on				

Application for admission fee Waiver (Deferral of payment) and Tuition Fee WaiverApplicant Form 1

The application form for the entrance fee waiver (deferral of payment) and tuition fee waiver is an important document in the selection process. Please read these instructions carefully and fill in all relevant information so that we can understand your current situation as of October 1. Please note that your application may not be accepted if you do not fill in the form. Please note that if the information entered is found to be incorrect, any current waiver permission will be revoked and any future waiver applications rejected, so please take care to enter information accurately. You may apply for both the "Admission fee waiver (Deferral of payment)" and the "Tuition fee waiver" using this form. Please be sure to put a check against the relevant items for which you are applying: "Application for admission fee waiver" and/or "Application for tuition fee waiver". Students who wish to apply for both the admission fee waiver (deferral of payment) and the tuition fee waiver may submit only one copy of the application form for the Admission fee waiver (Deferral of payment) and Tuition fee waiver (Forms 1-1 and 1-2), together with documents such as a certificate of income and a copy of tax withholding certificates.

Application for admission fee waiver (deferral of payment) and tuition fee waiver for the 2025 academic year (the second semester) **Applicant Form** October 1 2025 To the President of Kanazawa University I wish to apply Check the application requirements and apply only if ition fee waiver for the 2025 academic year, and attach the required doct<mark> applicable.</mark> For questions with a " \square ," please check the appropriate box. When applying for a tuition fee waiver, please tick 'Apply for the Second semester only'. Admission fee waiver ☐ Application for an admission ☐ Application for deferra Application Category admission fee payment fee waiver (Check one) Tuition fee exemption ☐ Application for the Second **Application Category** ☐ Not applicable semester only (Check one) ☐ General Application Category ☐ Self-supported individual ☐ International student Registration of tuition ansfer procedure even if Registered Please check the applicant categories transfer account detailed in the application guidelines and ntact details then put a check mark in the appropriate If you haven't registered yet, Zip cod category. please register immediately. If you cannot make an account Fill in the department you plan transfer due to some to enroll. circumstances, please inform to l in the department you plan to enroll.) Grade Master's/PhD First semester Graduate School of PhD/Post-doctorate ☐ Graduate □ Doctor of Medicine/Pharmacy Division of School (Bekka studies students fill in this column If your parents have cellphones, please provide their cellphone numbers. This will only be used Name Address Emergency for communications from the university. Zip code: TEL: Mobile: (International students should provide a Email: (Relation: Japanese contact living at a se Please provide your parents' contact information. This Reasons for Application will be your emergency contact in the event you (To be filled out in detailed and specific terms by **the applicant** cannot be reached. For international students, please indicate a family member who lives with you (e.g., spouse) or a person Detailed and specific reasons of the who lives in Japan and whom you can contact. In such circumstances surrounding the application are cases, please be sure to obtain the consent of the to be provided by the applicant themselves in person to be listed as a contact person before the "Reasons for application" column. providing their details on this form. Please complete this form so that we can understand your circumstances prior to enrollment. Where the main income earner is unemployed Date of unemployment Year Month \sim Date High School/Technical College/Junior College □Graduate Year Month ☐ Anticipated Graduation □Withdrawal Year Month University Faculty □Graduation ☐ Anticipated Graduation □Withdrawal Year **Graduate School** Postgraduate Program Month \square Master's □PhD First semester) □Completed □Anticipated completion □Yes General ☐ Have previously worked Last day worked student/International Ongoing part-time job (Year Applicant's part-time work student □No and employment status ☐ Yes Employed person (Working adult, self-□No Last day worked Ordinary employment supported, etc.) Month

Application for Entrance Fee Waiver (Deferral of payment) and Tuition Fee WaiverApplicant Form 2 (Form 1-2) Furigan Students enrolling in October 2025 do not Name Student num need to enter their student ID number. Name opriate box. er in Japan only <- Do not complete fields in blue Please record all family members living in otal calary IlTotal non Company name Date of employ the same household as you and your parents. Please enter the name of the company Be sure to include any family members who they work for (e.g. XX company) and the dates of employment. If they are are dependents of your parents for tax If unemployed for reasons self-employed, please write (selfpurposes, even if they live separately. such as being a homemaker employed) next to the company name. Siblings who live separately due to marriage, or a pensioner, please enter If the applicant (the student) has a employment, or other reasons do not need unemployed. regular job, please record the company to be included on this form. For preparatory school name in lieu of "student." Even if such siblings do live with you, they student, please enter Students who do not have a regular need not be included if they handle their 'preparatory school student'. job should enter "student." own finances. ☐ Living away from home classification JASSO: Benefit-type *Loan-tv Current) yen per month x (Please check the "living at home box" if you are self-supported for (3)Scholarship nds) year Name of other scholarships (any reason, such as living apart from your spouse. 2025 All international students are also required to check the "Living at Name of other scholarships (lue) home" box. JASSO: Benefit-type *Loan-t / months.) yen per month x () yen per montn x () months Last vear) ven per month x () months Nap 2024) months Na) ven per month x (Please record details of any scholarships you received last year (April 2024 - March 2025 Commuting Relation Na admission) (School year)). However, new student should not enter details classification 4 of scholarships received in high school. Persons enrolled in study chool □High School □University □Living at home □ recnnical College □ Special vocational school (High school course) ☐Living away from ocational school (Specialized course) Enrollment in a general course in a trade (Year of admission) (Grade: Cit∳(y school □Junior High School □High School □University school or various other types of school □Living at home (preparatory school, vocational training பப்ving away irom cational school (Specialized course) school, other) will not be treated as (Year of admission) (Grade: studying, so please record these under □Unjva column (1) Family members excluding ol coy (Excluding For single-parent households, persons in school If they are living in an please check the appropriate box) (for death of spouse or separation, apartment or dormitory □Elementar and record the date of death or away from your parents, □ Nation: □Technical ol co separation. please check the box for Public ☐Special vo П living away from the (Age: Years) Private Name of school (Year of admission family home and fill in the Death □ No fa ☐ Separation (Year Month name of the municipality Single parent household in which you live. □ Death □ No m ☐ Separation (Year Month Special exemptions) \square Disabled \square A-bomb Survivor (with disability) Relation (Certification number (Households with disabled Persons persons Relation () □ Disabled □ A-bomb Survivor (with Please record the nature Certification number (of your relationship and Households affected by Damage details their certification number. disasters, storm and flood damage, theft, etc. Family members completed Persons Field to 1: Yes If you have suffered a disaster such as fire, windstorm, flood, or theft within one year prior to enrollment, please fill out this form attaching a record of disaster. 1: Yes Verifica Checked Entered