Guide for Application for Exemption of the Tuition Fee in the 2020-2021 Academic Year

[Applicable to those applying for support concerning a sudden loss of income due to the impact of COVID-19]

[Tuition Fee for the First Semester (from April to September)]

Applicants are requested to read these instructions carefully in order to be able to complete the application procedure without making any mistakes.

- ◆ Eligibility for application is limited to <u>full-time undergraduate and graduate students enrolled in Osaka University in the semester for which the application is made</u>. Application must be made by the candidate himself/herself.
- ♦ Even if you decide to withdraw from or take a leave of absence from Osaka University before the results of the application screening are announced, or it becomes likely that you will complete your course within six months, you are still required to pay the tuition fee for the current semester. In this case, you should cancel your application by completing the necessary procedure at one of the Student Centers. You cannot apply for Tuition Fee Exemption, etc. for the semester in which you plan to withdraw from, take a leave of absence from or complete your course at Osaka University.
- ◆ Submitted documents will not be returned to you. You may be asked to submit additional documents other than those specified herein if it is deemed necessary for screening purposes.
- ◆ If any documents are found to be missing or any questions arise as to your application during the screening process, you will be asked to submit the missing documents or answer the questions even after the application period is over. Please respond quickly when contacted by the Student Center. We will contact you by email, so please register your valid email address on the system. If you fail to submit missing or additional documents by the designated deadline, your application will not be processed for the reason of insufficient documentation.
- ♦ If, after an application is accepted, any documents submitted for the application are found to include false information or to have been forged, then the acceptance will be cancelled and the applicant will be required to pay the tuition fee immediately.
- ◆ Other important instructions are provided in each section. Be sure to read everything carefully.
- ◆All international students are required to submit both-side copies of Resident card.

[Major changes from the Tuition Fee Exemption, etc. for the First Semester (due in April)]

 \bigcirc A declaration form stating a sudden loss of income due to the impact of COVID-19 is to be turned in separately.

OApplicants are to submit all documents listed in this guide by the deadline after first completing a general survey/pre-application on WebKOAN

- ≪Application Procedures≫
- (1) Registration through the WebKOAN general survey system (for applicants)

Period: 15 May 2020 (Friday) to 11 PM 27 May 2020 (Wednesday) [Japan Standard Time]. Applications beyond this period will not be accepted.

(2) Checking of documents to be submitted

Period: 25 May 2020 (Monday) to 5 June 2020 (Friday) [Japan Standard Time]. Applications beyond this period will not be accepted.

- *Submit the documents by registered mail to the address listed below.
- *Any documents postmarked after 5 June 2020 will not be accepted (domestic mail).
- *When submitting through international mail, please contact the Suita Student Center to inform them of your international submission by 27 May 2020.

[Major changes from the Tuition Fee Exemption, etc. for the First Semester (due in April)]

OA declaration form stating a sudden loss of income due to the impact of COVID-19 is to be turned in separately.

OApplicants are to submit all documents listed in this guide by the deadline after first completing a general survey/pre-application on WebKOAN.

- ♦ Your application will be invalid if you fail to complete all the above procedures within the specified periods.
- Delayed submission or registration cannot be accepted under any circumstances.
- ♦ Refer also to the list of frequently asked questions and answers about the application procedures, which will be posted on the Osaka University website. (Available in Japanese only.)

For inquiries, please contact: Tuition Fee Exemption Section Suita Student Center, Osaka University 1-1 Yamadaoka, Suita, Osaka 565-0871 Email: gakusei-sien-en1@office.osaka-u.ac.jp

Guide for Application for Exemption of the Tuition Fee in the 2020-2021 Academic Year

[Applicable to those applying for support concerning a sudden loss of income due to the impact of COVID-19]

[Tuition Fee for the First Semester (from April to September)]

Table of Contents

Contents

Submission of Income (tax) certificate of FY2019 (for income earned during 2018)	p. 1
Flow from preparation for application through to announcement of result	p. 1
Confirmation of eligibility for application	p. 2
2. Confirmation of application category and household members	p. 2
3. Preparation of documents to be submitted	p. 3
4. Registration through the WebKOAN general survey system (for applicants)	p. 3
5. Submission of application documents	p. 3
6. Examination of application documents/Request for submission of missing documents	p. 4
7. Announcement of results	p. 4
8. Others	p. 4
Documents required to apply for a tuition fee exemption 1. Document(s) to be submitted by all applicants in each application category 2. Document(s) to be submitted by all applicants regardless of application category 3. Document(s) to be submitted if household members include a student/students 4. Document(s) to be submitted if applicable to the applicant 5. Document(s) to be submitted if applicable to the primary income earner and/or a (applicant's spouse) with income 6. Document(s) to be submitted to be eligible for special deductions 7. Document(s) to be submitted by unsponsored international students with family in the submitted by unsponsored international students with family in the submitted by unsponsored international students with family in the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due to the submitted regarding medical care, death, or job loss due	pplicant members living in Japan
Forms Application Form for Enrollment/Tuition Fee Exemption, etc. (Forms 1-1, 1-2) *with notes for applicants Financial Aid Statement (Form 2) Self-Supporting Student's Income Statement (Form 3) Unsponsored International Student's Income Statement (Form 4) Enrollment Verification Document Attachment Sheet (Form 5) (Expected) Payment Certificate (Form 6-1) Documentation of Earnings Form (Form 6-2) Osaka University Part-time Employment Certificate (Form 6-3) Pension-related Document Attachment Sheet (Form 7) Reference Letter (Form 8) Medical Expense Certificate (Form 9)	*Japanese version only *Japanese version only *Japanese version only *Japanese version only
Special Statement (Form 10-1)	*Japanese version only

Notice of Leaving Employment (Form 10-2)

Declaration Form (Form 10-3)

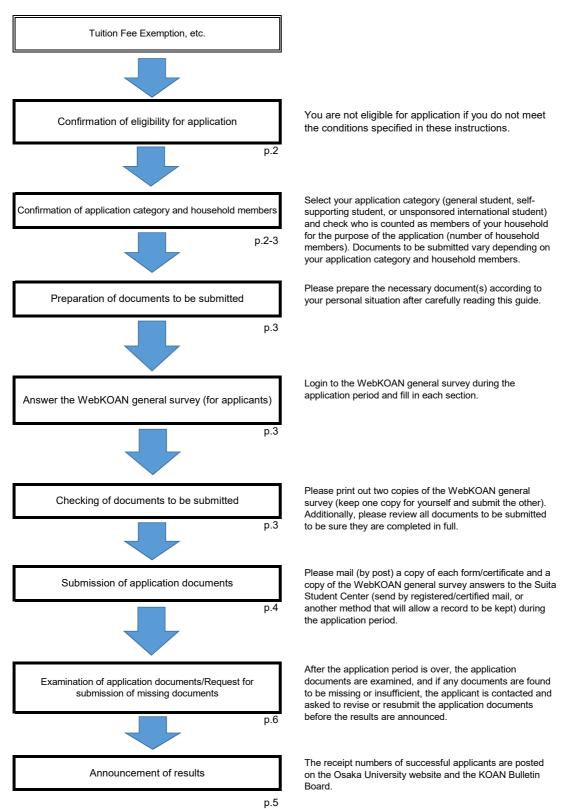
Submission of Income (tax) certificate of FY2019 (for income earned during 2018)

The income certificate to be submitted must clearly show the amount of salary, income other than salary by source, spousal deduction and the number of dependents as well as the amount of tax.

You will be required to reissue the income certificate if the necessary information is not written.

*The income certificate will be issued by city government. Please request the document which includes the detail of income deduction, imposition of tax or not, and the amount of tax. Please note that "**"does not mean no income.

Flow from preparation for application through to announcement of result



1. Confirmation of eligibility for application

Please check the requirements for applicability for tuition exemption. It any of the conditions are satisfied, applicants will be vetted. In addition, if support for the equivalent of tuition fees is received from an affiliated institution or company (in the case of employed students, etc.), support for the equivalent of tuition fees is received from a student's country (international students), or if the applicant receives any other tuition exemptions from other tuition fee exemption systems, they cannot apply.

Tuition fees

- '1. Those applicable
 - (1) Graduate students (incl. international students)
 - (2) Undergraduates who do not meet the requirements for the higher education study support system (incl. international students)

*If you have already submitted an application for the Enrollment/Tuition Fee Exemption etc. System, you are not applicable for this program.

*If you do not meet the requirements for the higher education study support system (JASSO Scholarship [for sudden income loss] + tuition fee exemption) (hereinafter, the Higher Education Study Support System) regarding a sudden loss in income due to the impact of COVID-19, you are applicable to apply.

★★★Important [for undergraduates]★★★

Please check the OU website or the Scholarship Guide (in Japanese only, pp8 to 17) for the requirements to apply for the higher education study support system.

OU website (in Japanese only)

https://www.osaka-u.ac.jp/ja/guide/student/tuition/scholar/kyufu/new_r2#kyuhen

The Japan Student Services Organization (JASSO) website Scholarship Guide (in Japanese only) https://www.jasso.go.jp/shogakukin/kyufu/kakei_kyuhen/index.html

2. Requirements for tuition fee exemption (undergraduates / graduates)

Those who suffered from a sudden loss of income due to COVID-19 which makes paying the First Semester of 2020 tuition fees difficult and who fall under at least one of the following categories:

- (1) The main provider of school expenses has passed away with the direct cause attributed to COVID-19
- (2) The main provider of school expenses contracted COVID-19 and, as a result, experienced a loss of income due to the inability to work
- (3) The main provider of school expenses lost their job (limited to involuntary unemployment) or ceased/discontinued business due to the impact of COVID-19

*The "main provider of school expenses" is defined as the person who provides the main form of support to the enrolled student

- ◆ The University does not publicize the level of academic achievement that is deemed to be "higher than a certain level."
- ◆ Even if you meet either condition (1) or (2) for applying for exemption of the tuition fee, your application cannot be accepted if any of
- 1. You have not paid the tuition fee for the immediately preceding semester.
- 2. You have already paid the tuition fee for the semester for which you are planning to apply for exemption.
- 3. You have repeated the year without any justifiable reason.
- 4. You have remained in the course beyond the standard number of years without any justifiable reason.
- ◆Among the applicants, students who meet the above conditions will be selected, and their tuition fees may be exempted partially or in full within the scope of the budget (As this system operates within a certain budget, exemptions may not be granted even if conditions are met).

2. Confirmation of application category and household members

◆ To apply for exemption of the tuition fee for the first semester, select the application category applicable to you as of April 1 from the options shown in the following table.

Application category	Requirement
Self-supporting student*	All of the following three conditions must be met: 1. The applicant does not live with his or her father/mother or Household Supporter (or with the spouse's father/mother). 2. The applicant (or his or her spouse) earns an income for which an income tax return is filed and an income certificate is issued. 3. The applicant does not qualify as a dependent of his or her father/mother or Household Supporter under the Income Tax Act.
Unsponsored international student	The applicant is a privately financed student with a visa status of "Student."
General student	The applicant does not fall under either of the above two categories.

^{*} In principle, undergraduate students cannot apply under the category of "Self-supporting student." Certification documents to be submitted to verify your status as a self-supporting student are as shown in Form 3 "Self-Supporting Student's Income Statement." Be sure to check this form.

Individuals counted as your household members

Who can be counted as your household members varies depending on your application category.

	Household members	Self-supporting student	Unsponsored international student	General student
	Applicant (and the applicant's spouse if the applicant is a self-supporting student or unsponsored international student)	•	•	•
(2)	Applicant's father/mother, or the person supporting the household in place of the applicant's father/mother ("Household Supporter")		*	•
(3)	Person(s) qualifying as dependent(s) of the Household Supporter or the applicant under the Income Tax Act, regardless of whether or not such person(s) lives with the applicant	•	*	•

- •: Counted as the applicant's household member.
- ★: Counted as the applicant's household member only if the person resides in Japan.

Persons who fall under the category numbered (2) or (3) in the above table are counted as members of your household (counted in the number of household members). In this case, certification documents for all these persons must be submitted.

In principle, the applicant cannot be the Household Supporter, with the exception of a self-supporting student, in which case the applicant (or the applicant's spouse) is deemed to be the Household Supporter.

The applicant's grandfather(s), grandmother(s), brother(s) and sister(s) not falling under category (2) or (3) above are not counted as the applicant's household members, regardless of whether or not they live with the applicant. Therefore, registration in the Exemption Application System and submission of certification documents are not required for them.

3. Preparation of documents to be submitted

First, refer to items (1) and (2) below to find out which documents you have to submit, and prepare all necessary documents as early as possible.

- (1) See "Documents to be submitted for application for Tuition Fee Exemption" (p.5)
- (2) Please print out each form listed in this guide.

4. Registration through the WebKOAN general survey system (for applicants)

Application period: 15 May 2020 (Friday) to 11PM 27 May 2020 (Wednesday) [JST] (Strict deadline)

 If the WebKOAN general survey was not completed during the application period, all documents submitted to the Student Center will be considered invalid.

To complete the WebKOAN general survey, you will need your Osaka University ID and password.

Before sending the survey, it can be saved before being completed as many times as needed by clicking the "save" (一時保存) button. If you cannot obtain any of the necessary certification documents within the registration period shown above for some unavoidable reason and cannot enter specific monetary figures in the relevant field, you can leave the space blank and select the applicable items. After clicking "confirm" (回答確認) and before clicking "Send," (送信) please make sure that there are no mistakes omissions.

You are able to review your answers by clicking "confirm." If you must make revisions, do not click the back button on your browser, but use the button on the form to return to the survey to make changes. If no revisions are necessary, click "send."

- After your registration is completed, you cannot change the information on the survey. If you have to correct any of the information, do this directly on the printed survey using black ink.
 *Do not re-print a "corrected" form, use correction tape or post-it notes
- ◆ Please print out two copies of the WebKOAN general survey (keep one copy for yourself and submit the other).

5. Submission of application documents

Submission period: 25 May 2020 (Monday) to 5 June 2020 (Friday) [JST] (Strict deadline) Submit to: Suita Student Center

No submissions will be accepted after the deadline (5 June 2020), even if the WebKOAN general survey was completed.

- Please write the last 4 digits of your student ID number on the envelope.
- Submit documents to the Student Center (address below) by post. Use registered/certified mail, or another method that will allow a record to be kept. Additionally, all domestic mail submissions must be postmarked by 5 June 2020. All mail not postmarked by this day will be invalid.
- If submitting documents by international mail, please contact the Suita Student Center by 27 May (Wednesday).
- We are unable to respond to inquiries regarding the receipt of documents. Please be sure to get a tracking number when sending documents so you may check the delivery status yourself.
- ♦ If you are unable to obtain the necessary certifications/documents during the submission period, please check p10, number 6 of this guide.

Suita Student Center, Osaka University

1-1 Yamadaoka, Suita, Osaka 565-0871

(please write "授業料免除申請書類【家計急変】在中" on the front of the envelope in red ink)

6. Examination of application documents/Request for submission of missing documents

You will be contacted by the Suita Student Center by email or telephone if any documents are found to be missing or any questions arise during the examination of your application documents. If you fail to submit the missing document(s) or respond to the question(s) by the specified date, your application will not be processed. (You may be at a disadvantage if you cannot be reached by email or telephone.)

Deadline for submission of missing document(s) (and/or response to question(s)): Within approximately one week after you are contacted by the Student Center (strict observation of the deadline is required).

Submit missing document(s) to: Suita Student Center

- ◆ On the envelope to submit missing documents, write "不足書類 XXXX." Replace XXXX with the last 4 digits of your Student ID Number
- ♦ If two or more documents are missing, you must submit all of these documents by the specified deadline. It should be fully noted that if you fail to do so, your application will not be processed.

7. Announcement of results

Successful applicants are posted on the Osaka University website and the KOAN Bulletin Board.

Tuition fee exemption for the First Semester (April - September)

Posted from August 2020 (tentative)

Notification of the actual date of the results being posted will be posted to the KOAN Bulletin Board.

99	Full exemption	A full exemption of the tuition fee will be given for the first semester.
Half exemption	Please pay the remaining tuition fee by the designated date stated in the notification at the time the results are	
1	No exemption	posted.

- ♦ If you have made arrangements for paying your tuition fee by electronic bank transfer, make sure that sufficient funds are in your bank account to pay the fee on the due date
- ♦ If you have not made arrangements for paying your tuition fee by electronic bank transfer, pay the tuition fee into the bank account designated by the University using the payment request form sent to you. The payment deadline is shown on the payment request form.
- Regarding paying your tuition fee and registration of electronic bank transfer, please inquire each educational affairs section.

8. Others

1. Personal information handling policy

Personal information that you submit to the University when applying for Tuition Fee Exemption, etc. is used exclusively for the purposes of screening applications and providing various financial aid. Although your personal information is disclosed to the University's contractors, disclosure is limited only to the extent reasonable and necessary to achieve these purposes.

2. As is repeatedly stated in these instructions, strict observation of the deadline is required in undergoing the procedures for applying for Tuition Fee Exemption, etc. If you fail to meet any of the designated deadlines, your application will not be accepted under any circumstances for whatever reason. With this understanding in mind, you are expected to act early to complete the necessary procedures

Documents to be submitted for application for Tuition Fee Exemption, etc.

- Additional documents No. 30 and 31 of "9. Document(s) regarding a sudden loss of household income due to the impact of COVID-19," and additional documents No. 32 to 34 of "10. Document(s) to be submitted regarding medical care, death, or job loss due to the impact of COVID-19," are to be submitted reflecting a sudden loss of income.
- ◆ For documents marked with "(copy)", submit a copy of each document. For other documents, submit the originals.
- ◆ To submit a document that is smaller than A4, copy or attach the document on A4-sized paper.
- ◆ Carefully read the instructions for filling in each form before submitting them.
- If the same document is required for more than one purpose in your application, <u>you only need to submit one copy</u>.
- ◆ You cannot choose to use any other forms for the purpose of application at your own discretion. Be sure to submit the designated forms.
- ♦ Submit documents issued by the local municipality without Individual Number.
- ♦ If the document to be submitted shows Individual Number, be sure to black it out.
- Documents to be submitted by all applicants in each application category (Submit the documents marked with
 in your application category.)

	Applic	cation cat	egory		
No.	General student	Self-supporting student	Unsponsored international student	Documents to be submitted	Notes
1	•	•	•	a copy of the WebKOAN general survey answers	Print out the answer screen of the WebKOAN general survey (completed before or on 11 PM 27 May).
2	•	•	•	Application Form for Enrollment/Tuition Fee Exemption, etc. (Forms 1-1, 1-2)	Use Forms 1-1 and 1-2 as indicated by this guide.
3	•	•	•	Financial Aid Statement (Form 2)	Use Form 2 as indicated by this guide. You may be required to submit a document that verifies your status as a recipient of a certain financial aid. For details, refer to Form 2.
4	•	•		Income (tax) certificate of FY2019 (for income earned during 2018) (original) issued by the local municipality If no income was earned or the income amount was too low to issue an income certificate, submit a tax exemption certificate (original) instead.	If you are a general student, submit the certificate issued to the <u>Household Supporter</u> (your father/mother, or person who is supporting the household in place of your father/mother). If you are a self-supporting student, submit the certificate issued to <u>you</u> (and your spouse if applicable). Submit a document that clearly shows the amount of salary, income other than salary by source, spousal deduction and the number of dependents as well as the amount of tax. If both of your parents are alive, certificates for both of them must be submitted.
5		•		Self-Supporting Student's Income Statement (Form 3)	Use Form 3 as indicated by this guide. Income should be equal to or greater than expenditures. Depending on your situation, you may be required to submit a document verifying that you are not being financially supported by your father/mother or Household Supporter. For details, refer to the section "Conditions for graduate students to qualify as self-supporting students" in Form 3.
6		•		Certificate of Residence of the applicant (and the applicant's spouse if applicable) (original)	A Certificate of Residence that includes all persons counted as your household members under these instructions must be submitted. Have the document issued by your municipality. ❖ Submit individual number not listed document. ❖ The Certificate of Residence to be submitted must be one that covers all of your household members. ❖ If your Certificate of Residence does not cover all of your household members, then submit the Certificate of Residence that covers all members of your father's/mother's household along with your Certificate of Residence. ❖ If you no longer live with your father/mother or Household Supporter but you have not moved your resident registry to the municipality where you now live, then you must submit a document certifying that you live separately from your father/mother or Household Supporter at the time of applying for Enrollment/Tuition Fee Exemption, etc. (such as a copy of your housing lease agreement), along with the Certificate of Residence that covers you (and your spouse) and your father/mother as well as the Household Supporter.
7			•	Unsponsored International Student's Income Statement (Form 4)	Use form 4 as indicated by this guide. Income should be equal to or greater than expenditures.

2. Document to be submitted if your status of applicant applies

No.	Status of Applicant	Document to be submitted	Notes
8	All International Student	Resident Card(Copy of both sides)	Copy of Resident Card(Both sides) When the application is made, applicant is still in his/her home country or applicant does not resister and if the resident card is unavilable, please submit it later as additional documents.

3. Document to be submitted if your household members include a student/students

No	. Document to be submitted	Issuing organization
9	Enrollment Verification Document Attachment Sheet (Form 5) Complete the form and attach a copy of the student ID card or other equivalent document.	The student's school

- For the purpose of this application, "student" refers to a person enrolled in an elementary school or higher educational institution as of April 1, 2020. However, if the student is a junior high school student or younger, you do not have to submit No. 9 "Enrollment Verification Document Attachment Sheet" (Form 5).

 The following persons are not deemed to be "students" for the purpose of this application:
 Students enrolled in an advanced vocational school (general course) or any other school in the miscellaneous category

- Preparatory school students, non-degree research students, special auditors, auditors, and credited auditors

4. Document(s) to be submitted if applicable to the applicant

No.	Applicable to	Document(s) to be submitted
	The applicant is to remain in the course beyond the standard number of years.	Reference Letter (Form 8) (Common to undergraduate and graduate students) Submission of a reference letter is required even if the term of study has been exceeded due to overseas study or leave of absence. The reference letter must include the reason for recommendation by your supervisor. Without the reason, your application will not be processed due to insufficient documentation. Be sure to confirm the month and year of your enrollment when filling in the form.
11	The Academic Expense Payer has died.	Death certificate (copy) or burial certificate (copy) This requirement is applicable only if the Academic Expense Payer died between October 1, 2019 and March 31, 2020 (or between April 1, 2019 and March 31, 2020 in the case of students newly enrolled in April 2020).

5. Document(s) to be submitted if applicable to Household Supporter and/or applicant (applicant's spouse) with income (Check each category and submit the document marked with O if applicable. There is no need to submit the document concerning the income of the applicant (applicant's spouse) if the applicant (applicant's spouse) qualifies as a dependent of the Household Supporter under the Income Tax Act.)

No.	Applicable to	Document(s) to be submitted	Issuing organization
12	Part-time employee working at Osaka University	O Osaka University Part-time Employment Certificate (Form 6-3) Specify the school, faculty, graduate school, institute, center, department or etc. ("relevant department") that employs you, the employment period, estimated annual income, etc., and write your name (signature) by hand on the form. Inquire at the relevant department that employs you for the period of employment, hourly wage and other necessary information.	Use Form 6-3 as indicated by this guide.
13	Salaried employee, whether working full-time or part-time* (*Excluding part-time employee working at Osaka University specified in (12) above)	O Certificate of income and withholding tax in 2019 (copy) If the current employment started on or after January 2, 2019, submit the O (Expected) Payment Certificate (Form 6-1) for the current employment, or attach your wage slips for the past three months (copies) for the current employment by gluing or stapling to the ODocumentation of Earnings Form (Form 6-2) and submit the form.	Employer(s) (If you work for two or more employers, submit the specified document for each place of employment.) Or use Forms 6-1, 6-2 as indicated by this guide.
	Worker other than salaried employee (e.g., self- employed worker) or salaried employee who has filed a final tax return	O File copy of the Final Tax Return Declaration Form for income earned in 2019 (both Tables 1 and 2 (copies), bearing evidence that the original form has been accepted by the tax office. In the case of Electrical Final Tax Return Declaration, receipt date is required. If a final tax return has not been filed, submit Oa file copy of the municipal/prefectural tax return form (copy) issued by the municipal government. If income has been earned from a business operation that started on or after January 2, 2019, submit O a document/documents showing the amount of (expected) revenue, necessary expenditures, and income of the last three months. (Any form can be used.) "Be sure to black out the Individual Number	Tax office Municipal government Or use Form 10-2 as indicated by this guide.
15	Person who left his/her employment or closed his/her business on or after January 1, 2019	O Document certifying the date of termination of employment (copy) or O notification of business closure or other document certifying the date of closure (copy) O Notice of Leaving Employment (Form 10-2) may be submitted only in the case of leaving part-time employment.	Employer Tax office
16	Person on temporary retirement	O Certificate of temporary retirement (Any form may be used.) If a salary or allowance is paid during the period of temporary retirement, attach O a document certifying the amount of salary or allowance. (Any form may be used.)	Employer, etc.
17	Recipient of pension/public employees' pension	O Latest notification of pension payment (copy) or O notification of revised (determined) pension amount (copy) Attach either of the above documents by gluing or stapling it to the O Pension-related Document Attachment Sheet (Form 7). If payment of pension begins in or after April 2020, submit a O Pension Certificate or other document certifying the latest amount of the pension benefit.	Japan Pension Service, mutual aid association, insurance company, etc.
18	Recipient of unemployment allowance	O Certificate of eligibility to receive unemployment allowance (copy) *All pages are required. Copies of both-side of the certificate must be submitted so that the number of days for which the allowance was paid and the amount of daily allowance are known.	Public Employment Security Office (Hello Work)
19	Recipient of injury and disease allowance	O Notification of granting eligibility for injury and disease allowance (copy)	Japan Health Insurance Association, mutual aid association, etc.
20	Recipient of child-rearing allowance	O Child-rearing allowance certificate (copy)	Municipal government
21	Recipient of public welfare assistance (household eligible for public welfare assistance)	O Notification of granting eligibility for public welfare assistance (notification of change to the public welfare assistance amount) (copy) Submit a document that certifies the annual amount of the public welfare assistance.	Municipal government
22	Recipient of the JSPS Research Fellowship for Young Scientists	O Selection notification (copy) O Statement regarding Research Expenses (copy) (Both documents must be submitted.)	Japan Society for the Promotion of Science (JSPS)

- 6. Document(s) to be submitted to be eligible for special deduction
- ♦ If any of the following categories applies to <u>any of the persons that you entered in the "household members" column</u>, submit the documents marked with O to be eligible for a special deduction. Eligibility for special deduction will not be granted if any of the submitted documents are found to be incomplete and/or
- After reviewing "2. Document(s) to be submitted by all applicants regardless of application category," submit required documents/certifications with regard to household members applicable to the exemption application.

No.	Applicable to	Document(s) to be submitted	Issuing organization
23	Student	O Enrollment Verification Document Attachment Sheet (Form 5)	The student's school
24	Single-parent household	O Document certifying that the household is a single-parent household (Examples) O Income (taxation) certificate issued in FY2019 (for income earned in 2018) (original) O Certificate of income and withholding tax in 2019 (copy) O Document certifying payment of bereaved family pension to the household (copy) O Document certifying payment of child-rearing allowance to the household (copy) O Family register or extract of family register (original)	Municipal government, employer, Japan Pension Service, etc.
25	Person with a disability A-bomb survivor	O Disability certificate (copy) *Or Oa medical certificate for the disability if a disability certificate has been applied for but has not yet been issued. O A-bomb survivor's certificate (copy)	Municipal government
26	Recipient of medical care for a period of six months or longer Person recognized as in need of long-term care	O Medical Expense Certificate (Form 9) When filling in Form 9, read the instructions provided in the form and attach a certification document(s) if necessary. Please attach the document certificated by a doctor or hospital.	Hospital, pharmacy, etc. Or use Form 9 as indicated by this guide.
27	Household that fell victim to fire, windstorm, flood, theft, etc.*	O Disaster victim certificate or theft report certificate O Document certifying the amount of loss O Document certifying payment of casualty insurance benefit (compensation for loss) * This applies only to a disaster/theft that occurred between: October 1, 2019 and March 31,2020 (Or between April 1, 2019 and March 31,2020 in the case of students enrolled in Osaka University in April 2020)	Fire department, municipal government, insurance company, etc.

7. Documents to be submitted by unsponsored international students who have family members living in Japan

No.	Documents to be submitted	Notes	Issuing organization
28	Certificate of Residence (original)	The certificate must include all persons counted as the applicant's household members pursuant to these instructions. The certificate must be one that certifies that the information on all household members is included. Submit individual number not listed doccument.	Municipal government
29	Income (taxation) certificate issued in FY2019 (for income earned in 2018) (original) If no income was earned or the income amount was too low to issue an income certificate, submit a tax exemption certificate (original) instead.	◆ This certificate is required for all persons who are counted as the applicant's household members pursuant to these instructions. ◆ Income (taxation) certificate of the applicant is not required. ◆ Submit a document that clearly shows the amount of salary, income other than salary by source, spousal deduction as well as the number of dependents.	Municipal government

8. Document(s) regarding a sudden loss of household income due to the impact of COVID-19 (additional documents to be submitted: all applicants)

Please submit the following documents to declare that you have suffered a sudden loss of income, etc. due to the impact of COVID-19. Submitted documents will undergo a screening and will affect the results of the vetting process.
*Please submit documents No. 30 and 31 after you have experienced a sudden loss of income due to the impact of COVID-19.

No.	Applicable to	Document(s) to be submitted	Issuing organization
30	Households that experienced a sudden loss of income resulting from the impact of COVID-19 and, due to economic reasons, have trouble paying tuition fees. * Only those who fall under the application categories "general student" and "self-supporting student" may apply.	The following documents in (1) or (2) must be submitted. (1) Documents to confirm the reason for loss of income due to the impact of COVID-19 (see below) Please submit a receipt of the certificate of public support provided by the national or local public organization for those whose income has decreased due to the impact of COVID-19. If you are receiving any other kind of support (excluding the afore-mentioned public support) regarding the impact of COVID-19 on income, please submit documentation. If you are unable to provide this documentation, please submit Declaration Form 10-3. (2) Documents to confirm the loss of income due to the impact of COVID-19 ODeclaration Form 10-3 and payslip(s) for the most recent month. *Additional documents may be requested.	At national/local public organizations that are considered to be equivalent to Independent Administrative Agency/government-affiliated organizations, etc., place of employment, etc. Or use Form 10-3 as indicated by this guide.
31	Households that experienced a sudden loss of income resulting from the impact of COVID-19 and, due to economic reasons, have trouble paying tuition fees. *Only those who fall under the application category "unsponsored international student" may apply.	For unsponsored international students: documents showing the income used to support yourself while in Japan and the loss of said income due to the impact of COVID-19 as compared with the income reported on Form 4, Unsponsored International Student's Income Statement. ©Declaration Form 10-3 *If doing a part-time job, please submit (a) payslip(s)	Use Form 10-3 as indicated by this guide.

9. Document(s) to be submitted regarding medical care, death, or job loss due to the impact of COVID-19 [additional documents to be submitted]

No.	Applicable to	Document(s) to be submitted	Issuing organization
32		A copy of their death certificate and/or a copy of burial records ★Only deaths resulting from a direct cause attributed to COVID-19 will be applicable.	Hospital, city/ward/town hall, etc.
33	Medical care related to COVID-19	Medical certificate issued by a doctor (診断書) and/or proof of undergoing medical care ★Only medical care resulting from a direct cause attributed to COVID-19 will be applicable.	Hospital, etc.
34	Job loss or cessation/discontinuation of business due to COVID-19	A copy of the notice of unemployment insurance (due to job loss, etc.) (雇用保険被保険者	Public Employment Security Office (Hello Work), etc.

Forms

2020 Application for Enrollment and Tuition Fee Exemption (Form 1-1, 1-2)

*with notes for applicants

Financial Aid Statement (Form 2)

Self-Supporting Student's Income Statement (Form 3)

*Japanese version only

Unsponsored International Student's Income Statement (Form 4)

Enrollment Verification Document Attachment Sheet (Form 5)

*Japanese version only

(Expected) Payment Certificate (Form 6-1)

Documentation of Earnings Form (Form 6-2)

Osaka University Part-time Employment Certificate (Form 6-3)

Pension-related Document Attachment Sheet (Form 7)

*Japanese version only

Reference Letter (Form 8)

Medical Expense Certificate (Form 9) [Please print this form double-sided] *Japanese version only

Special Statement (Form 10-1)

*Japanese version only

Notice of Leaving Employment (Form 10-2)

Declaration Form (Form 10-3)

Please print each form on a separate page.

Multiple forms printed on the same page will not be accepted.

Separate forms printed together double-sided will not be accepted.

2020 Application for Enrollment and Tuition Fee Exemption

From 1 - 1

To Osaka University Principle		e	·	\ .	s.				Applic Num		l		
Cells inside thick lines should be filled out by applicant hisself/herself. Please circle a **Deaprtment/School** Program: ** UG ** MC **	••		Age		ars Old	Student I (Freshman,	D Number leave blank)						
Katakana Name			olicant's -mail							•			
Applicant's % Prefectur Address e Tel Mobile email Lab Ext number:		Primary i earner's			Ж Рr е	refectur Relation) Te	ıl:					
Kind of Application I apply as follows. (Please tick the ap ◆Enrollment Fee Exemption, etc. □	plicable box	x.)				_	_					_	
Enrollmen t		Categ	gorv I			and defe		ment					
◆ Tuition Fee Exemption, etc. □ Semester □ First semester □ Second semester □ I do not apply. (Only for enrollment fee) □ Exemption □ Deferred payment □ Payment by installments □ I do not apply. (Only for enrollment fee)	※ For the tu	→You withdre	are going ow/to rem submitted	to graduate ain beyond Lapplication	or complete the minimum with"Deat	h of Suponso	the middle of or" or "Natur	a year(in	eluding stat				>nt∕to
◆Change application for the second sememster(For people who applied for 変更項目		and 2	2nd sem	sters).		y when th		hange	n the se	conc	l sama	ctor	
"A.Reasons for Application" and "B.Applicant's Family Information" are required, "C.Othe	ers" should be				oted only	y When th		mango	ii uic sc	COTIC	a seme	Stor.	
A. Reasons for the application and source of living expenses Please specify, in the space below with 150 to 250 letters, your household circumstances which have application for fee exemption.	led to the	Inforn	nation :		circle ther	D~⑥ appli n. s•No (Fath							
Current source of living expenses ()	②Per ③Sur ④Child ⑤Child ⑥Welf C. Ot	nsion: X vivor's Pod d Allowand d-Rearing are Assist thers: Ple Self-Sup Unspons	Yes No (ension: X e: XYes N Allowance: ance: XYes ase circle sporting St ored Inter	Father/Mo Yes·No O(Father/Mo ※Yes·No(I s·No(Father 1~3 if apple udent national St	other/Grani (Father/Mo other/GrandFa Father/Mother r/Mother/Gran	dFather/Gr htter/GrandMor r/GrandFather dFather/Gran	andMoth Father/(ther/Applic GrandMot dMother/A	er/Applica GrandMoth ant/Other) N eer/Applican	nt/Ot er/Ap lonthly :/Other	her) pplicant/ Total(¥ r) Monthly7 thlyTotal(\$ Doc Fo	Other	r))) ts
(!) Form1-1 and 1-2 are together. Please do not forget to submit both.	Admin	De	1st eadline		2nd Deadline		1st		2nd				

2020 Application for Enrollment and Tuition Fee Exemption

2020/ /

2020/	/ To Osaka University F	•								Applicati Numbe		
Cells insid	de thick lines should be filled out by ap	plicant hisself/herself. Please circle a	applicable ansv	wers for ques	tions wit	th ※ .						
	%Deaprtment/Schoo	Program: ※ UG ・ MC ・	DC Year:	А	ge `	Years Old	Student I (Freshman,	D Number leave blank)				
Katakana Name				Applicant's E-mail	gu	imary incom ardian, or				s		
Applican Addre	71 (1 101000			Primary income earner's address:	ad	Idress e						
	Tel Mobile nail	Lab Ext number:		Name:			Relation	⁾ Те	el:			
Kind of A	pplication I app	ly as follows. (Please tick the ap	plicable box	i)								
	nent Fee Exemption, etc. 🗆							_				
Enrollmen t Month	□April □October	_						ıyı ıt	ment			
♦ Tuition	Fee Exemption, etc.	Lor	m			\ + <i>c</i>	10					
Semester	□Both the first and second seme □First semester □Second sem □I do not apply. (Only for enrollm	ester	Ш	IV			:5	⊢ o l	•	uding status etc. status		be absent/to
Category	□Exemption □Deferred paymen □I do not apply. (Only for enrollm		※ For the tui	ition fee, yo	ı can or	nly apply for	one of the	o options.				
♦ Change	e application for the second seme	emster(For people who applied f	or both 1st	and 2nd se	nsters)).						
変更項目				The cell ca	n be se	elected only	/ when th	ere is a d	change in	the seco	nd seme	ester.
"A.Reasons	s for Application" and "B.Applicant's Fa	mily Information" are required, "C.Othe	ers" should be	circled if it is	applicab	le.						
Please specif	s for the application and source of livin fy, in the space below with 150 to 250 letters			B. Applicant Information:	s Family	If any of (1 circle then		es to any o	f your fami	ily member	as of 4/1,	please
	or fee exemption.					wance∶ ※ Ye						t/Other)
Current	source of living)) (Father/Mo				- ' '		(0.1.)
одропос		Please circle one of the foll	owing									/Other)
		three numbers applicable to y	ou.	,		ce: ※Yes•No(I						/Total(¥
						Yes•No(Father						
				C. Others:P	ease cir	cle 1~3 if app	olicable				Do	cuments
				1. Self-S	pporting	g Student					F	Form 3
						ternational St	tudent				_	orm 4
				3. Remain	ng in the	e course beyo	nd the min	imum study	period		F	Form 8
(!) Form1-1	and 1-2 are together. Please do not forget	to submit both.		1st		2nd						
If tuition l	has been already paid, the application will N	OT be accepted.	Admin	Deadline		Deadline		1st		2nd		

[★]The input information will be only used for selection and financial support. We only disclose information to the 3rd party nothing else but for necessary selection process.

F	amily	Financial S	tatus	(!)Ap	plicant himself/her	self has to fil	ll out the secti	ons insi	de of thick li	nes. Plea	se circle appli	cable	answers for o	question	s with	×.		Fo	rm 1-2
		Aplication Number		Name			udent ID Number				Residence Class ※17	ificatior	1 : Unless spo	ecified, in	ternation	nal studen	ts shoul	d mark Pa	rent(s)' /Own
1	amily				hould be listed. When your pare lents, they should be listed in 🤅		A : Salary	Incom Pension	Others	Salary Total	Admin Offi		B : In	Income	-Real	Other Money fro	Tota	Salary al Income	Admin Office Use
Rel	ation	Name	e Age	Occupation	Employer	Starting Date	Including Part	Public or Occupation		Income fr Salary	Salar	У	Including Agriculture, Forestry, Fishery	Estate, In Pension	idividua	Family et	tron	m Other in Salary	Total Income from Other Than Salary
App	licant				i 	/	~ ¥ ,000 ¥	, 0	00 ¥ ,000	¥ ,	: 000 万	3 <u> </u>	¥ ,000	¥	, 000	¥,	000 ¥	, 000	4 万 千円
Sp	ouse		<u> </u>	<u> </u>	i 	/ -	~ ¥ ,000 ¥	, 0	00 ¥ ,000	¥ ,	000 万	5 <u> </u>	¥ ,000	¥	, 000	¥,	000 ¥	, 000	6 万 千円
E x F	hta					/	~ ¥ ,000 ¥	, 0	00 ¥ ,000	¥ ,	001 万	5 <u> </u>	¥ ,001	¥	, 000	¥,	000 ¥	, 000	6 万 <u>千円</u>
e m p i	hto					/ -	~ ¥ ,000 ¥	, 0	00 ¥ ,000	¥ ,	002 万	7 <u> </u>	¥ ,002	¥	, 000	¥,	000 ¥	, 000	8 万 <u>千円</u>
t y				<u> </u>		/ -	~ ¥ ,000 ¥	, 0	00 ¥ ,000	¥ ,	003 万) 千円	¥ ,003	¥	, 000	¥,	000 ¥	, 000	10 万 千円
t M						/ -	~ ¥ ,000 ¥	, 0	00 ¥ ,000	¥ ,	1 004 万	千円	¥ ,004	¥	, 000	¥,	000 ¥	, 000	12 万 千円
a _m eb						/ -	~ ¥ ,000 ¥	, 0	00 ¥ ,000	¥ ,	1: 005 万	千円	¥ ,005	¥	, 000	¥,	000 ¥	, 000	14 万 千円
t r s						, ,	~ ¥ ,000 ¥	, 0	00 ¥ ,000	¥,	1: 000 万	• ←P	¥ ,000	¥	, 000	¥,	000 ¥	, 000	16 万 千円
②	Relatio	Scholarship	Type 18	B [Financial Ai Period • Yea	d (ONLY Appl arly Amount	licant's)	Cate	egory Year	y Total	Admin Office Use	Ι	Family	i					Admin Office
S	A	JASS0	1:Type1 2:Type2	Period:	/ ~ /	•			JASSO T Amount		ASSO Student Loan 19		Members	1:	(Death	1:Fath) er	(.	Use (58) 0 : N/A
C h	a · n ·	※ Yes∙No	3:Both1 • 2	Total Yearly An) Period: /	~ /		¥	,	万千四	o P	Single Parent	1	۷.	* 2:Moth		Years) Or Years	1 : Applicable
0	t ¦	Others	Other	Yearly amount:) Period: /	~ /	※ Gran	(Except -	JASSO)	Other(Student Loan) Cotal 20	n e		(1) Relation		mb survivo		Tears	(59)
а	c S		(Please	Yearly amount:	¥ ,000			※ Gran	nt•Loan ¥			a		(※Disab	ilityYes • ty Pension	No)		s · No)	
r s	р	※ Yes•No	choose thi only when	S Total Yearly An	,			Studer		000 nin Total	万 千円 Other Scholarship Total	3	Family with	Disabilit Applying	ty Certific	cate	(※ Yes	· ·	
h i	o u	Others	1,2,3 listed above do	Name () Period: /	~ /	※ Gran		iip i otai		r C	D: 1.00	Special No)	Disability(ChildCareA	llowance	(※Yes ∙	
р	s e	፠ Yes∙No	not apply)	Name (Yearly amount:) Period: /	~ /	※ Gran	nt•Loan ¥	,	万 千円	d e	Applicant)	②Relatio	on ()			
	Relation		Name	Age		School Type:			Establishm		Residence	d		(※Disab	ilityYes •				
			iool Name	Year	. 1.Elementary School 2	2.Middle school 3.	High school 4.Unive	₩23 ersity	1 : Nation	※22 al	%24 : Parent(s)' Home			Disabilit	ty Pension ty Certific		(※ Yes	s·No)	
1		301	loor ivallie	rear	 5.Technical College 6.9 Program) 7.Specialize 				2 : Publio 3 : Privat		:Live Separately	i	Family with	Applying			`		(60) (Total)
3	•		Name	Age				※29	1 : Nation	※28	30 Parent(s)' Home:		Recipient(s) of Long-	①Relati Medica	ion(al Expens	se (¥)	, 000)	
		Sch	ool Name	Year	 1.Elementary School 2 5.Technical College 6.9 				2:Public	ا د	:Live Separately	t ·	Term Medical	②Relati)		
			Name	Age	Program) 7.Specialize	ed Training Colleg	ge (Specialist Progr	am) ※35	3 : Privat	<u></u>	*36	n	Care	Medica	al Expens	se (¥	:	, 000)	万 千円
3					1.Elementary School 2	2.Middle school 3.	High school 4.Unive	l	1 : Nation		:Parent(s)' Home	\sim °	Damaged	į	ent Date	(/	′ /)	(62)
F		Sch	ool Name	Year	5.Technical College 6.9 Program) 7.Specialize	Specialized Traini	ing College (High-S	chool	2 : Publi 3 : Privat	14	:Live Separately	L	from Natural Disater•	Amour	nt of Dan	mage (¥		, 000)	
'm	•		Name	Age				※41		※40	%42 : Parent(s)' Home		Robbery supportingStuden	Damag		1: /	Applicati	1 · Gene	万 千円 ral Student
y	-	Sch	ool Name	Year	1.Elementary School 2 5.Technical College 6.9 Program) 7.Specialize	Specialized Traini	ing College (High-S	chool	1 : Natior 2 : Publio 3 : Privat	·	::Live Separately	Gene	are Assistance	o	: N/A	1:	on Group	5:Death	of Supporter al Disaster
,			Name	Age	Trogram/ 7.opecialize	Sa Training Colleg	20 (Oboolgijet i 1081	*47		※ 46	*48	1=	(00)	I F	Applicable	E	(66)	7.Otrie	
	-	Sch	ool Name	Year	1.Elementary School 2 5.Technical College 6.9 Program) 7.Specialize	Specialized Traini	ing College (High-S	chool	1 : Natior 2 : Publio 3 : Privat	al .	:Parent(s)' Home ::Live Separately		When you fix rect informat				•		

F	amily	Financial Status	(!)Ap	plicant himself/herself has to fill out the se	ections inside of t	thick lines. Plea	se circle applic	able answers for questions with $\%$.
		Aplication Number	Name	Student ID Number			Residence Classifi ※17	ication 1:Unless specified, international students should mark Parent(s)' /Own
1	Family			hould be listed. When your parents or spouse are ents, they should be listed in ③. Salary		from Salary Others Tota	Admin Office	
Re	lation	Name Age	Occupation	E L C D. Including Par	rt ן Public or ו	or Welfare Income f		e from Including Agriculture, Estate, Individual Family etc. from Other Total Income
App	licant			Fill in the total of unemploymen		. 000 ¥	3 . 000 万	4 A A A A A A A A A A A A A A A A A A A
Sp	ouse			(amount of daily allowance x num received), public welfare assist	ber of days	, 000 ¥	5	Fill in the total income for real fill in the total income fill in the total income for real fill in the total income for real fill in the total income fill in the total
E x F	hta			total), child allowance (year to child-rearing allowance (year to	otal),	, 000 ¥	5 , 001 万	東) box on your final 当) from your final income tax
c a e m	hto				, T		7	8
t I t y					00 ¥ ,000 ¥	, 000 ¥	, 002 万 9	手門 美 ,002 ¥ ,00 Fill in any miscellaneous income earned from your individual
s t M						, 000 ¥	, 003 万 11	千円 ¥ ,003 ¥ ,000 ¥ ,000 万
u e d m e b					000			¥ ,000 ¥ ,000 万
n e t r				/ ~ ¥,0(000	- -	~ NI	* ,000 ¥ ,000 ½
S				Financial Aid (ONLY Applicant's)	000	-011	IIIIV	otes * .000 * .000 7
2	Relatio	Scholarship Type %18 JASSO 1:Type1		Period • Yearly Amount) Admin Off Use
s	A a p	2:Type2	Period: Total Yearly An	nount: ¥ , 000	Student Loan	Amount		S Single 1:Death 1:Father (58) 0:N/A
c h	n p	3:Both1-2	Name () Period: / ~ /		¥ ,	万 千円	o P Parent
0 	t i	Other W. YasıNa	Yearly amount: Name () Period: / ~ /		(Except JASSO) Student Loan Total	Other(Student Loan) Total 20	C (59) **Disability/A-bomb survivor
а	S	JASSO (Please	Yearly amount: Period:	<u>¥</u> ,000	7K drait Esan	¥,		(※DisabilityYes・No) Disability Pension (※ Yes・No)
s	p o	choose this only when	Total Yearly An	nount:¥ ,000	Student Loan	000 Scholarship Total	万 千円 Other Scholarship Total	Disability Certificate (※ Yes Family with Applying)
h i	u	Others above do ,	Name (Yearly amount) Period: / ~ /	≪ Grant•Loan	·		r D Disability SpecialDisabilityChildCareAllowance(%Yes No)
р	s e	× Vac.No	Name (Yearly amount:) Period: / ~ /	≪ Grant•Loan	¥ ,	万 千円	d Applicant) ②Relation ()
	Relation	Name	Age	School Type:	Es	tablishment	Residence	u
				1.Elementary School 2.Middle school 3.High stands	1 April 2020, thi	lorgoing	24 1:Parent(s)' Home	t Disability Pension (※ Yes · No) Disability Certificate (※ Yes ·
М		School Name	Year	5.Technical College 6.Specialized Training College (Specialized Tr	al aara far 6 mant	he or more	2:Live Separately	Applying) i Pamily with (60) (Total
е ~ (3		Name	Age	requir	ring medical care. ss. a medical cert	Regarding	※30 1 : Parent(s)' Home	Recipient(s) (1)Relation ()
b		School Name	Year	1.Elementary School 2.Middle school 3.High s (origing) 5.Technical College 6.Specialized Training College 6.	inal) issued by a	doctor	2:Live Separately	t R of Long- medical Expense (+ , 500)
e r				Program) 7.Specialized Training College (Spe long-t	term care services	, a long-	, ,	u Medical Medical Expense (¥ , 000)
S		Name	Age	(conv)	care insurance ins) is required.	34	※36 1 : Parent(s)' Home	Damaged Accident Date (/ /) (62)
t F		School Name	Year	1.Elementary School 2.Middle school 3.High s 5.Technical College 6.Specialized Training Col	nese are not submi not receive a dedu	ction.)	2:Live Separately	from Natural Amount of Damage (Y 000)
u a d m		Name	Age	Program) 7.Specialized Training College (Spe			*42	Disater P Robbery Damage 万
e i n i				1.Elementary School 2.Middle school 3.High s		40	1 : Parent(s)' Home	SelfSupportingStudent O:N/A 1: Applicati 1:General Student
t y		School Name	Year	5.Technical College 6.Specialized Training College (Hig Program) 7.Specialized Training College (Specialist F	gn-School	2:Public 3:Private	2:Live Separately	Welfare Assistance 0:N/A 1: Group 6:Natural Disaster (65) Applicable (66) 7:Other
_		Name	Age	C	※47	*46	※48 1 : Parent(s)' Home	Applicable (00)title!
		School Name	Year	1.Elementary School 2.Middle school 3.High school 4.1	University	l : National	1: Parent(s) nome	(!) When you fix the application after completion, please write
			 	5.Technical College 6.Specialized Training College (Hig Program) 7.Specialized Training College (Specialist F	gn-School ,	3 : Private	2:Live Separately	correct information on the printed out application with black ink.

Required	Гоина 2
for all	Form 2

Financial Aid Statement

				ı		
Katakana				% UG⋅MC⋅DC	Y	ear:
Name				Student ID Number	er:	
Katakana				Affiliation: (17)
Spouse's Name (if applicable)				※UG·MC·DC Student ID Number Output Description: Student ID Number Output Description: Output Des		ear:
-ill in the requir	red fields. Write a ch	eck mark at □. Circle	the choice at ※.			
ODo vou (d	or vour spouse)	receive any scho	larships this	Academic Ye	ear (April 2	2020-Marc
2021)?					,	
♦Write a che	eck mark at "Yes" if p	rocessing for "continue"	or "renew". Write	a check mark at "N	No" if not confi	rmed to receiv
Yes \square	$ ightarrow$ Answer Q1 \sim Q4.		No □	→ Comp	leted.	
1. Are they	y JASSO's loan-t	ype scholarships?				
Yes □	→Fill in the details.		No □]		
No. Receiver%	Sponsor	ТуреЖ	Per from (yyyy/mm)	iod to (yyyy/mm)	Monthly amount	Yearly amount
		1 • 2	,	3333.	¥ ,000	¥ ,000
1 Applicant/Spou	ise JASSO					
1 Applicant/Spou 2 Applicant/Spou	-	1 • 2			¥ ,000	¥ ,000
	ise JASSO				,	
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou	JASSO JASSO JASSO JASSO	1 • 2	ships of JASS	O/other organ	¥ ,000 ¥ ,000) ¥ ,000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they	JASSO JASSO JASSO JASSO	1 · 2 1 · 2 1 · 2	rships of JASS No □	O/other organ	¥ ,000 ¥ ,000)¥ ,000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they	JASSO JASSO JASSO JASSO y grant—type (NO →Fill in the details.	1 · 2 1 · 2 1 · 2 T loan-type) scholar	No E	iod	¥ ,000 ¥ ,000	¥ ,000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they	JASSO JASSO JASSO JASSO y grant—type (NO →Fill in the details.	1 · 2 1 · 2 1 · 2 T loan-type) scholar	No □	1	¥ ,000 ¥ ,000 ization? Monthly amount	Y ,000 Y ,000 Yearly amount
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they Yes No. Receiver	JASSO JASSO JASSO JASSO y grant—type (NO →Fill in the details. Sponsor	1 · 2 1 · 2 1 · 2 T loan-type) scholar Does it include entrance fee/tuition fee?*	No E	iod	¥ ,000 ¥ ,000 ization? Monthly amount ¥ ,000	¥ ,000 ¥ ,000 Yearly amount ¥ ,000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they Yes No. Receiver 5 Applicant/Spou	JASSO JASSO JASSO JASSO y grant—type (NO →Fill in the details. Sponsor use	1 · 2 1 · 2 1 · 2 T loan-type) scholar Does it include entrance fee/tuition fee?* Yes · No	No E	iod	¥ ,000 ¥ ,000 ization? Monthly amount ¥ ,000 ¥ ,000	Yearly amount Y , 000 Y , 000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they Yes No. Receiver 5 Applicant/Spou 6 Applicant/Spou 7 Applicant/Spou	JASSO JASSO JASSO JASSO y grant—type (NO →Fill in the details. Sponsor use use	1 • 2 1 • 2 1 • 2 T loan-type) scholar Does it include entrance fee/tuition fee?* Yes • No Yes • No	No Per from (yyyy/mm)	iod to (yyyy/mm)	¥ ,000 ¥ ,000 ization? Monthly amount ¥ ,000 ¥ ,000 ¥ ,000	Yearly amount Y , 000 Y , 000 Yearly amount Y , 000 Y , 000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they Yes No. Receiver 5 Applicant/Spou 6 Applicant/Spou 7 Applicant/Spou	JASSO JASSO JASSO JASSO y grant—type (NO →Fill in the details. Sponsor ise ise *: Do you receive al	1 · 2 1 · 2 1 · 2 1 · 2 T loan-type) scholar Does it include entrance fee/tuition fee?* Yes · No Yes · No Yes · No Iowance for the entrance	No Per from (yyyy/mm)	iod to (yyyy/mm)	¥ ,000 ¥ ,000 ization? Monthly amount ¥ ,000 ¥ ,000 ¥ ,000	Yearly amount Y , 000 Y , 000 Yearly amount Y , 000 Y , 000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 4 Applicant/Spou 2. Are they Yes No. Receiver 5 Applicant/Spou 6 Applicant/Spou 7 Applicant/Spou 3. Are they	JASSO JASSO JASSO JASSO y grant-type (NO →Fill in the details. Sponsor ise *: Do you receive al y loan-type schol	1 • 2 1 • 2 1 • 2 1 • 2 T loan-type) scholar Does it include entrance fee/tuition fee?* Yes • No Yes • No Yes • No	No Per from (yyyy/mm) e fee/tuition fee in anization?	iod to (yyyy/mm) in addition to the	¥ ,000 ¥ ,000 ization? Monthly amount ¥ ,000 ¥ ,000 ¥ ,000	Yearly amount Y , 000 Y , 000 Y , 000 Y , 000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they Yes No. Receiver 5 Applicant/Spou 6 Applicant/Spou 7 Applicant/Spou 3. Are they	JASSO JASSO JASSO JASSO y grant—type (NO →Fill in the details. Sponsor ise ise *: Do you receive al	1 · 2 1 · 2 1 · 2 1 · 2 T loan-type) scholar Does it include entrance fee/tuition fee?* Yes · No Yes · No Yes · No Iowance for the entrance	No Per from (yyyy/mm)	iod to (yyyy/mm) in addition to the	¥ ,000 ¥ ,000 ization? Monthly amount ¥ ,000 ¥ ,000 ¥ ,000	Yearly amount Y , 000 Y , 000 Yearly amount Y , 000 Y , 000
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they Yes \[\sqrt{Spou} \] No. Receiver \[\frac{1}{2} \] 5 Applicant/Spou 6 Applicant/Spou 7 Applicant/Spou 7 Applicant/Spou 3. Are they Yes \[\sqrt{Spou} \]	JASSO JASSO JASSO y grant-type (NO →Fill in the details. Sponsor *: Do you receive al y loan-type schol →Fill in the details.	1 · 2 1 · 2 1 · 2 1 · 2 T loan-type) scholar Does it include entrance fee/tuition fee?* Yes · No Yes · No Yes · No Iowance for the entrance	Per from (yyyy/mm) e fee/tuition fee in anization?	iod to (yyyy/mm) in addition to the	¥ ,000 ¥ ,000 ization? Monthly amount ¥ ,000 ¥ ,000 ¥ ,000	Yearly amount Yearly amount Your yearly amount Yearly amount Yearly amount Yearly amount
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 2. Are they Yes No. Receiver 5 Applicant/Spou 6 Applicant/Spou 7 Applicant/Spou 7 Applicant/Spou 3. Are they Yes	JASSO JASSO JASSO JASSO y grant-type (NO →Fill in the details. Sponsor *: Do you receive al y loan-type schol →Fill in the details.	1 · 2 1 · 2 1 · 2 1 · 2 T loan-type) scholar Does it include entrance fee/tuition fee?* Yes · No Yes · No Yes · No lowance for the entrance arships of other organization.	No Per from (yyyy/mm) e fee/tuition fee in anization? No Per Per	iod to (yyyy/mm) in addition to the	¥ ,000 ¥ ,000 ization? Monthly amount ¥ ,000 ¥ ,000 Y ,000 regular allowa	Yearly amount Yearly amount Yearly amount Yearly amount Yearly amount
2 Applicant/Spou 3 Applicant/Spou 4 Applicant/Spou 4 Applicant/Spou 2. Are they Yes \[\sqrt{Spou} \] No. Receiver \(\frac{1}{2} \) 5 Applicant/Spou 6 Applicant/Spou 7 Applicant/Spou 7 Applicant/Spou 7 Applicant/Spou 8 Are they Yes \[\sqrt{No.} \] No. Receiver \(\frac{1}{2} \)	JASSO JASSO JASSO JASSO y grant—type (NO →Fill in the details. Sponsor *: Do you receive al y loan—type schol →Fill in the details.	1 · 2 1 · 2 1 · 2 1 · 2 T loan-type) scholar Does it include entrance fee/tuition fee?* Yes · No Yes · No Yes · No lowance for the entrance arships of other organization fee?*	No Per from (yyyy/mm) e fee/tuition fee in anization? No Per Per	iod to (yyyy/mm) in addition to the	¥ ,000 ¥ ,000 ization? Monthly amount 4 ,000 Y ,000 Y ,000 regular allowa	Yearly amount Yearly amount Your , 000 Yearly amount Yearly amount Yearly amount

Yes \square \rightarrow Fill in the details. No \square

Which scholarship will be changed?	Type of change涨	Change date (yyyy/mm)	New monthly amount	New yearly amount
	$suspended \cdot resume \cdot with drawal \cdot allowance * \cdot period \cdot other \; (\hspace{1cm})$		¥ ,000	¥ ,000
	$suspended \cdot resume \cdot with drawal \cdot allowance * \cdot period \cdot other \; (\hspace{1cm})$		¥ ,000	¥ ,000

^{*:} In case of allowance change, fill in the new monthly/yearly amount.

Submit a copy of "Letter of Notification" or other document that shows the type of the scholarship, duration, yearly allowance and the sponsor of each of the scholarship. No need to submit a copy if you contact the sponsor via Osaka University. e.g. JASSO's schorships, non-government scholarship.

独立生計者の家計状況申告書(私費外国人留学生を除く)

- ※独立生計で申請しようとする方はまず始めに申請要項で条件を確認してください。
- ※2020年4月から1年間の家計状況を記入してください。(既に終了している収入源は記入不要。)
- ※印は該当する項目に〇を付けてください。

必ず収入合計(年額) ≧ 支出合計(年額)となるように記入してください。

フリガラ			<u> </u>		T 1127 C 16 1	-		•研究		学科	•専攻
氏 名						年度入	学/	МС	 С	年	
学籍番	号:				指導教員	氏名:					
	奨	続柄	步	受 受 団 体 名	支	給 期	間		年	額	
	学				年	月~	年	月	万		千円
					年	月~	年	月	万		千円
	金				年	月~	年	月	万		千円
	定	続柄	Į	哉 種 (勤務先)	就	労 期	間		年	収	
収	職								万		千円
入	アル								万		千円
状	バ								万		千円
	イト								万		千円
況	等								万		千円
	そ	続柄		名 称	受	給 区	別				
	の				※ 援助金	・借り入れ	・預貯	金	万		千円
	他				※ 援助金	・借り入れ	・預貯	金	万		千円
				収入合計(年	F 額)				万		千円
			項	目	J]	額		年	額	
	食		費			万	=	千円	万		千円
	住	居	費			万	=	千円	万		千円
支	光	熱	費			万	=	千円	万		千円
	修学	費(授業	料を除く)・	教養費		万	=	千円	万		千円
出	社	会 保 🛭	矣 費			万	3	千円	万		千円
状	通信	費(携帯	電話代等)			万	=	千円	万		千円
況	そ					万	=	千円	万		千円
	\mathcal{O}					万	=	千円	万		千円
	他					万	=	千円	万		千円
				支 出 合 計(年	額)				万		千円

以下のことを確認し、完了していればチェック欄に口を付け、提出の際に不備がないようにしてください。

- 口指定された添付書類は用意できていますか。(申請要項参照)
- □収入合計(年額) ≧ 支出合計(年額) となっていますか。

くこの様式は、2枚目(裏面)があります。必ず申請する前に確認してください。>

大学院生の独立生計認定について

独立生計認定条件を満たし、以下の証明書の提出が可能な場合に、 独立生計での申請を認めます。

独立生計認定条件(以下の1. ~3. 全ての条件を満たす必要があります。)

- 1. 本人(及び配偶者)の父母等と別居している
- 2. 本人(又は配偶者)に収入があり、その収入について所得申告がなされ、所得証明書が発行される
- 3. 所得税法上、父母等の扶養家族でない

1	太人	(及び配偶者)の「住民票
Ι.	4	(双(が)に)ある (の) け は、気

セルフチェック欄

- ※世帯全員分である旨の証明がある住民票を提出してください。 (「世帯全員の住民票の原本と相違ないことを証明します」等の記載があること)
- ※ 世帯全員分である旨の証明ができない場合、父母の世帯全員分の住民票を併せて提出してください。
- ※ 父母等と別居しているが、住民票を移動させていない場合は本人(及び配偶者)と父母等が記載された 住民票に併せて、申請時現在で別居していることの分かる書類の提出が必要となります。
 - → 本人の名前が確認できる「賃貸借契約書(写)」(公共料金の領収書は不可)

注2

- 2. 本人(及び配偶者)の「平成31年度所得証明書(課税証明書)(扶養人数について記載のあるもの)」 及び、収入を証明する書類
 - ※ 申請要項の記載内容に従い書類を提出してください。

3	父母の扶養を受けて	てし ヘナンレ ヽー	-レがわヵ	、ス 証 田 聿 粨
u.	メロリオ食がマリノ	・レソみしい		`な) fill hH == #H

セルフチェック欄

書類の例)

「給与所得者の扶養控除等異動申告書(写)」、父母の扶養家族氏名が明記されている「令和元年分給与所得の源泉徴収票(写)」、「令和元年分所得税の確定申告書第一表・第二表(写)」

※ 上記『2. 本人(及び配偶者)の「所得証明書(課税証明書)」』により、本人の年収が103万円以上であることが証明できる場合及び配偶者がいる方で配偶者の年収が103万円以上あり、本人が配偶者に扶養されていることが証明できる場合は書類を提出する必要はありません。

また、その他の書類により年収が103万円以上であることがわかる方についても提出は不要です。

なお、配偶者の収入が103万円以上であっても、本人が配偶者に扶養されていることが証明できない場合は、書類が必要です。

- ※ 父母のどちらか一方の証明書類により、その配偶者を扶養していることが分かる場合、被扶養者となっている方の証明書類の提出は不要です。
- ※ 上記証明書で扶養から外れていることがわからない場合(2019年(平成31年)1月以降に外れた場合など)は、別途扶養から外れていることがわかる書類が必要となります。
- 注1 上記以外にも必要に応じて参考となる書類の提出を求めることがあります。
- 注2 <u>平成31年度所得証明書(課税証明書)は、平成30年分所得について証明した書類です。</u> 必ず発行窓口で扶養人数が記載されたものと指定して交付してもらってください。 所得証明書が発行されない場合は、「非課税証明書」を提出してください。

Unsponsored International Student's Income Statement

This is required by all unsponsored international students. Please report your financial circumstance for 2020 April-2021 March.

Please note that Annual Income should be equal to or greater than Annual Expense.

							School/fa				ool Depart C • DC		
Nam	ne						Student ID N	enrollme _{umber}	ent/	IVI	C • DC		Year
	_		С	Occupation	Date of	employment	Income	in you	r cour	itry		JPY	
Fathe	r's inco	ome						-					円
Mothe	r's Inc	ome											円
	S c h	Rel	ationship	Schol	arship Na	ame	Red	cipient p	eriod		Total am	ount /	′ Year
	0 1 a r						年	月~	年	月	万		千円
	h i p						年	月~	年	月	万		千円
		Rel	ationship	Financ	ial Suppo	orter	Sou	rce of i	ncome	;	Total am	ount /	′ Year
											万		千円
											万		千円
I	P a	Rel	ationship	Occupation	n/Compa	ny Name	Wo	orking p	eriod		Total am	ount /	[/] Year
n c	r t										万		千円
0	t										万		千円
m	i m										万		千円
е	e j										万		千円
	o b										万		千円
	0	Rel	ationship		Detail		Р	lease ci	rcle				
	t h						Financial su	pport • Lo	oan • Sa	vings	万		千円
	e r						Financial su	pport • Lo	oan • Sa	vings	万		千円
					Total Anı	nual Income					万		千円
							Total	amount	/ Mor	nth	Total am	ount /	[/] Year
	Foo	d						万		千円			
	Ren	nt						万		千円			
Е	Util	itie	s charg	ges				万		千円			
	Ехр	ens	es relat	ed to study, text	ook(exclu	ding tuition fees)		万		千円			
p e	Soc	cial	insurar	nce premium(hea	lth insura	nce, pension)		万		千円			
n				on cost (internet				万		千円			
s e							Subtotal	7	5	千円	×12=	万	千円
s	0										万		千円
	t h										万		千円
	e r										万		千円
				Т	otal Annı	ual Expenses					万		千円
Far	nily	Relation	nship	Name/Age		Date of entry	Occupa	ition/Sc	chool y	/ear	Living	toget	her
	n				years	year month					Yes	- N	0
Ja	pan				years	year month					Yes	- N	0
					years	year month					Yes	- N	0
	N	Note	e:										

- OPlease check to make sure this form has been filled in its entirety.
- OYou may not claim any scholarship or part time job which has now finished.
- OFor revisions or corrections, please use a black ballpoint pen and cross out any errors, then write the correction.

大阪大学免除申請者(申請者本人)

在学状況書類貼付用紙

※印は該当する項目に〇を付けてください。

在学者氏名(続柄)	
()	この欄に学生証のコピーを貼付してください。
	(必ず有効期限の記載されたものを提出してください。有効期限が裏面に記載されているもの又は両面ともに有効期限の記載のないものについては、両面をコ
<u>※</u> 国立 ・ 公立 ・ 私立	ピーの上、提出してください。) 2020年4月入学者で、学生証がまだ発行されていない場合は、各学校所定様式の
运员区公	在学証明書又は合格通知書(写)と入学手続が完了していることが確認できる 書類(例:入学金支払領収書(写)等)の2点を提出してください。
※ 自宅 · 自宅外	※中学生以下の場合、提出は不要です。

在学者氏名(続柄)	
()	この欄に学生証のコピーを貼付してください。
	(必ず有効期限の記載されたものを提出してください。有効期限が裏面に記載されているもの又は両面ともに有効期限の記載のないものについては、両面をコ
※国立 ・ 公立 ・ 私立	ピーの上、提出してください。) 2020年4月入学者で、学生証がまだ発行されていない場合は、各学校所定様式の
36 4 7 4	在学証明書又は合格通知書(写)と入学手続が完了していることが確認できる 書類(例:入学金支払領収書(写)等)の2点を提出してください。
※ 自宅 · 自宅外	※中学生以下の場合、提出は不要です。

在学者氏名(続柄)	
()	この欄に学生証のコピーを貼付してください。
	(必ず有効期限の記載されたものを提出してください。有効期限が裏面に記載されているもの又は両面ともに有効期限の記載のないものについては、両面をコ
※国立 ・ 公立 ・ 私立	ピーの上、提出してください。) 2020年4月入学者で、学生証がまだ発行されていない場合は、各学校所定様式の
	在学証明書又は合格通知書(写)と入学手続が完了していることが確認できる 書類(例:入学金支払領収書(写)等)の2点を提出してください。
※ 自宅 · 自宅外	※中学生以下の場合、提出は不要です。

大阪大学免除申請者(申請者本人)

学籍番号			i I I I I I I	i I I I I I I		氏 名

支払見込み証明書 (Expected) Payment Certificate

•	事業主の方	へ 記 2	しょのま	い願い
•	事末エソノ	・ マム ロロ・ノ	くエしょん	3)赤豆し、

- ① ※印は該当する項目に〇印を付けてください。
- ② 金額は、通勤手当を差し引いた「支払総額」を記入してください。賞与がある場合は、賞与を含めてください。
- ③ 5. の欄は、示している期間を通常に勤務した場合に、支払が見込まれる金額を記入してください。 また、期間の途中で退職することが決まっている場合は、その退職日までの期間において支払が見込まれる 金額を記入した上で、備考欄に在職期間も併せて記入してください。

1.	氏			名								
2.	生	年	月	日					年	月	日生	
3.	採	用名	F 月	日					年	月	採用	
4.	勤	務	態	様	*	常	勤	•	パート(非常勤)			

5. 【2020年4月1日 ~ 2021年3月31日】に勤務した場合の支払額

支払額合計(平均月額)	(円 円)
備考		

上記のとおり相違ないことを証明します。

年	月日	
	(給与支払者)	
	所 在 地	
	事業所名又は店名	
	職名・氏名	印

※代表者等ではなく、給与支払担当者の証明でも構いません。

Applicant

Student	į	ĺ					
ID	İ	İ	İ				Name
Number	į	İ	İ	İ	•	•	

Documentation of Earnings Form

Employee Name	Relation ()
---------------	--------------

Instructions for earning calculation

O Using wages for the past three months, compute average monthly wages and expected annual wages. Exclude commuting allowance when calculation.

Average monthly wages (earnings before deduction - commuting allowance)×15=Expected annual wages O If bonuses are not paid, multiply average monthly wages by 12 to calculate annual wages.

O If wage slips for the past three months cannot be provided if and employment duration is less than three months, missing wage slips, etc., receive a verification using the (Expected) Payment Certificate (Form 6-1).

Fill in the table below. Please tick the applicable box.

la andan	Place of employment (Company Name)											
In order from oldest to newest												
↓ ↓	Bonus applies: □Yes □No	Bonus applies: □Yes □No	Bonus applies: □Yes □No									
Month	Yen	Yen	Yen									
Month	Yen	Yen	Yen									
Month	Yen	Yen	Yen									
Month	Yen	Yen	Yen									
Month	Yen	Yen	Yen									
Total	Yen	Yen	Yen									
Expected Annual	Total÷3×(□15 / □12)	Total÷3×(□15 / □12)	Total÷3×(□15 / □12)									
Wages	= Yen	= Yen	= Yen									

Please prepare documentation by photocopying wage slips to A4 paper size, and attach by either pasting or stapling (on the top left) behind this form. Documentation should be immediately visible when this page is turned.

- · Wage slips should be arranged according to the order recorded above.
- · Please photocopy this form if multiple pages are required.
- If wage slips are smaller than A4 paper size, paste them in this box.

signature

Osaka University Part-time Employment Certificate

Applicant Name

I hereby certify that the below informati	ion is true and correct.
You need to report separately in the case of mu (Expected) Annual Wages are wages assuming The box for Total Wages is mandatory.	larch 2021. stitute, center, department or etc. ("relevant department") that employs you. litiple contracts with the same relevant department. I normal work for the indicated period at the time of declaration. s, photocopy this form and continue on the second page.
<example></example>	
Relevant Department	Graduate School of XXXXX
Employment Period between April 2020 and March 2021	2020/4 (yy/mm) - 2021/3 (yy/mm) (Scheduled)
Employment Type (Tick the applicable box.)	□TA □RA □Tutor □Other()
(Expected) Annual Wages	12000 Yen (Hourly wage: 1200 Yen × Total hours: 60 hours)
<employment 1=""></employment>	
Relevant Department	
Employment Period between April 2020 and March 2021	/ (yy/mm) - / (yy/mm) (Scheduled)
Employment Type (Tick the applicable box.)	□TA □RA □Tutor □Other()
(Expected) Annual Wages	Yen (Hourly wage: Yen × Total hours: hours)
<employment 2=""></employment>	
Relevant Department	
Employment Period between April 2020 and March 2021	/ (yy/mm) - / (yy/mm) (Scheduled)
Employment Type (Tick the applicable box.)	□TA □RA □Tutor □Other()
(Expected) Annual Wages	Yen (Hourly wage: Yen × Total hours: hours)
<employment 3=""></employment>	
Relevant Department	
Employment Period between April 2020 and March 2021	/ (yy/mm) - / (yy/mm) (Scheduled)
Employment Type (Tick the applicable box.)	□TA □RA □Tutor □Other ()
(Expected) Annual Wages	Yen (Hourly wage: Yen × Total hours: hours)
[Total Wages (Employment1+Employment	t2+Employment3)]
(Expected) Annual Wages: Total	Yen Record the above total value in the Exemption Application System. Input "Osaka University" for place of work.

大阪大学免除申請者(申請者本人)

学籍番号						氏 名
	 - 1	!		- !	ł	

年金関係書類貼付用紙

|--|

最新の年金振込通知書(写)又は年金額改定(決定)通知書を (2020年4月以降の支給が決定している方は最新の年金決定 (裁定)通知書(写)を)この欄に貼付してください。

(注意:コピーは受給者の氏名がわかるようにしてください。)

- この貼付用紙1枚につき、1名分ずつ貼付してください。また、それぞれの年金について「年金の種類」「年金年額」を必ず記入してください。
- スペースが足りない場合は、この用紙の後ろ側に貼付又はホチキス留め(左上)し、用紙をめくった時に確認が行えるようにしてください。
- この貼付用紙が複数枚必要な時はこの用紙をコピーしてください。

年 金 の 種 類	年 金 年 額
	4 並 4 競
	Ħ
	Ħ
	PH PH
_	

年金受給額合計 円

Receipt Number		ļ			
1	1		(v)	//mm/	dd)

Form 8

To the President of Osaka University

Reference Letter

(For both undergraduate and graduate use)

Applicants are supposed to submit own documents, however, for Form 8, it is possible for instructors to submit it directly to the Student Center. In this case, write "Submitted by instructor" in Form 8 column on "Required document checklist" (or place a memo in the envelop).

Fill in boxes in bold .	,		cument checklist (or pie			CITYCIOP).		
Name:			Student ID Number					
□School of □Graduate School of	' =		- Enrollment	Yea	ar	Month		
To be completed by Student Center	(Expected Gra	aduation	_YearMonth	. Curre	ently _	ye	ar in exc	ess)
1. Reason for repeat 1. Illness In the case of illne 5. Other (Please explain reason	□2. Study ab	oroad E	13. Childbirth	□4. C	hildca	re	repeatin) g a
Leave of absence :		/ (y	y/mm) -	/	(yy/r	<u>mm)</u>		
Study obroad		1 /2	y/mm) -	1	(yy/r	<u>nm)</u>		
Repeating a year :	_		y/mm) -	1	(yy/r	<u>nm)</u>		
2. Research Topic(Graduate Stude	ents only)						
3. 修学状況・研究態原	•	g section is to be 掺状况等	completed by refe	ree)				
4. 今年度成業の見込	み ※卒業(修了	7)単位の充足状況	も含めて記載して	ください				
					_			

推薦者 指導教員(又はクラス担任)氏名

印

+	阳大	学鱼	除由	詰者	(由	請者本	: J)
ハ	ᄣᄉ	一九	ᆙ	胡坦	(++	胡田平	• 🔨)

様式9

学籍番号					氏 名	_	年	月	日
	 	 - 1	- 1	 					

(記入にあたっては裏面を参照してください。)

療養費証明書

療養者氏名				診療期間	*	通院	・入院	年 月:	から か月目・ 週 回程度来院	
傷病	傷 病 名			健康保険の種	類	*	国保 • 社会保	険 ・ 老人保険	その他 ()	
区分 → 診療機関 ①入院			は証明した項目に○ ②外来	④その他			⑤補 (高額療養費・高	填金額 額介護サービス費)	自己負担額合計	
※個室料・予防注射 支払った月 (本人が記入する 必要です。)		料・文書料は除いて 場合は、診断書、領「	診療機関記入欄 本人記入欄 (領収書添付必要)		本人記入欄 診療機関記入欄 (振込通知書(写)の 添付が必要です。)		(1+2+3+4)-5			
2019年 4月										
2019年 5月										
2019年 6月										
2019年 7月										
2019年 8月										
2019年 9月										
2019年 10月										
2019年 11月										
2019年 12月										
2020年 1月										
2020年 2月										
2020年 3月										
合計金額		円	円	円	円		円	円	円	円

上記傷病に係る、療養費及び、6か月以上療養していること、又は6か月以上の療養を必要とすることについて証明します。

年 月 日 診療機関名

※調剤薬局に依頼するときは、必ず医師の証明のある傷病等の分についてのみ証明を受けてください。

住所

※介護サービスに係る分については、請求内容の内訳が記載された領収書(写)が必要です。

医師名等

印

<この様式は、2枚目(裏面)があります。必ず併せて確認してください。>

療養費証明書(様式9)記入要領及び注意事項

- 〇 「長期療養者のいる世帯」の特別控除を受ける場合は提出してください。
- 申請時現在において、6か月以上の長期療養中の方、医師の診断書等により療養が必要であると診断された方又は介護保険被保険者証にて介護等が必要とされた方が対象となります。
- 算入する療養費は、申請前12か月以内に支払った分が対象です。
- 病院・施設等に願い出て、記入してもらい、証明を受けてください。証明を受けた場合は<u>医療費に関して</u>診断書・領収書の提出は不要です。介護サービスに係る分については、この用紙で施設等に証明を受けた場合でも、介護保険被保険者証(写)と請求内容の内訳が記載された領収書(写)が必要です。
- 証明を受けられなかった場合、自身で療養費証明書に記入ください。提出の際は、「6か月以上療養していること、又は6か月以上の療養を必要とすることが明記された<u>診断書(原本)」</u>と「算出の元となった領収書(写)」を併せて提出してください。 提出のないものについては無効です。
- <u>自身で証明する場合は「診療機関記入欄」に記入しないよう、注意してください。また、診療機関が証明する場合は、本人記入欄は記載しないでください。記入がある</u> 場合、本紙は無効となります。
- 自身で作成する場合は、領収書(写)は最近1年以内のもので、**月ごとにA4判用紙に貼付**し、合計金額を記入してください。 領収書は確認しやすいように月ごとに並べてください。
 - ※月ごとに並んでいないもの、算出表に金額の記入がないもの及びA4判になっていないものは対象外とします。
 - ※領収書に氏名の書かれていないもの、領収印のないもの、介護サービスについては料金の内訳の記載がないものも対象外とします。
 - ※補填される金額があり、⑤に記入する場合は、振込通知書(写)も添付してください。
- 複数の医療機関を受診されている場合は、本紙をコピーし、病気別、病院別に療養費証明書を作成してください。
- 控除の対象となる費目は次のとおりです。
 - ア. 医師又は歯科医師への診療・治療費
 - イ. 病院、診療所への入院費用
 - ウ. マッサージ師、鍼灸師、柔道整復師などの治療費
 - エ. 看護人に対して支払う費用(看護人に対する賄い費を含む)
 - オ、治療又は療養のための医薬品費(おむつ代は医師が必要と証明したものに限ります。併せて「おむつ使用証明書」(写)を添付してください。)
 - カ、病院、診療所に通院するための交通費(診断書等により必要不可欠と認められたものに限る)
 - キ. 介護保険法により「要介護認定・要支援認定」を受けたものがサービスを利用した場合の自己負担額
 - ク. 医師が必要と認めた治療用装具代
 - ※文書料、予防注射料、個室料、差額ベッド代、医師により必要であることが証明されていないおむつ代は控除対象になりません。

(証明にあたる診療機関の方へ)

- 太枠内を記入してください。なお、空欄の箇所は斜線を引いてください。
- 月ごとにかかった自己負担額について証明をお願いします。
- ○「④その他」欄については、上記の控除対象費目のうちエ~クについて記入をお願いします。
- 算入する療養費は、申請前12か月以内に支払った分の領収書によるものが対象です。

申立書•事情書

年 月 日

学部名•研究科名	学年	氏名	
	学部• 修士•博士 年		
学生本人以外が申し立て 署名・捺印欄	る場合の		印
· · · · · · · · · · · · · · · · · · ·			

	Receipt Number		Form 10-2
--	----------------	--	-----------

Notice of Leaving Employment

This form can be used for the case of retirement of part-time workers.

Record each case if one had multiple jobs.

Photocopy this form if multiple pages are required.

This form is not necessary in the case of retirement from part-time jobs at Osaka University

	including TA, RA, part-time job and			<u></u>	<u>000 at 00</u>	daka Omvoroky
					1 1	(yy/mm/dd)
	School/Graduate School	Year				Name
		□Undergraduate □Masters Yea □Doctoral	ar			
	Name of person who left	his/her employment			Relat	ion (to applicant)
(1)	Place of Employment					
` ,	Job description					
	Date of employment		,	/	(yy/m	m/dd)
	Date of retirement			/	(yy/m	m/dd)
	Average monthly wage	_			Yen	
	Retirement allowance		□Y€	es	□No	
	If retirement allowance was paid, indicate the amount				Yen	
(2)	Place of Employment					
(-)	Job description					
	Date of employment			/	(yy/m	m/dd)
	Date of retirement			/	(yy/m	m/dd)
	Average monthly wage	_			Yen	
	Retirement allowance		□Y€	es	□No	
	If retirement allowance was paid, indicate the amount	_			Yen	
(3)	Place of Employment					
(3)	Job description					
	Date of employment			/	(vv/m	m/dd <u>)</u>
	Date of retirement			/		m/dd)
	Average monthly wage				Yen	
	Retirement allowance	_	□Y€	es	□No	
	If retirement allowance was paid, indicate the amount				Yen	

140	ımber	•	•			•			_ <u> </u>	Form 1	0 0
	D	ecla)	arati	on	Fo	rm	(pr	int	double-s	ided)	
	School/G	iraduate	School				Year			Name	
					□Unde □Maste	-	ate				
					□Docto				ear		
	•								ublic support for a d self-supporting s	_	ncome di
rimar	ry income e	arner's n	ame*		1				2		
Relatio	on to applica	ant (please o	circle one)			Fath	er • N	Nother	• Applicant • Ot	her ()
Fath	er, mother, į	guardian,	or other	main i	income	earn	er				
f public enefits, ational dminist	tate why you an support (being a loans, tax grace / local public or rative Agency/gtions, etc. that a	a person whe after exam ganizations government	io is subject nination by tl and Indepen -affiliated	to ne ident							
plica	tion catego	ry: gene	ral stude	nt and	self-s	uppor	ting stu	udent]	significant income		
A Pri	mary wage	earner's	income I	oss due	e to CO	OVID-	-19 (mo	st recen	t month [estimate])	
Drime	un incomo				Po	lation	+0		Income from salary		¥
	ary income earner					pplica			pereaved family pension) / child / child-rearing allowance / child support		¥
								Business	income / real estate income / personal pension		¥
									Income from salary		¥
	ary income earner					lation oplica		pension/b	lic pension (incl. company pereaved family pension) / child / child-rearing allowance / child		¥
								Business	income / real estate income / personal pension		¥
	d income is income from		ess, real estate,	public pensi	on (incl. com	npany pens	ion), bereaved	I family pension	n, personal pension, child allowance	, child-rearing allowance, chi	ild support. It is r
,				_							
Yea	arly income	estimate	e (A x 12	month	s)						
В1		Inco	me from sala	ary							¥
B2	Public pension (i		pension/bere			/ child					¥
В3	Business in					sion					¥
		T	otal								¥
							lly pension), cl	nild allowance, o	child-rearing allowance, child suppo	ort in section B below.	
icome tro	om business, real esta	te, and persona	ii pension can be	tilled in sec	tions C and	υ.					
Dec	ductions						-				
	ose with bu								al pension I estate income, ar	nd/ar a naraana	l nonoion
, , , , , ,	in the total	estimate	u yeariy	expens	565 101	DUSIII	655 IIIC	Jille, rea	il estate ilicollie, al	iu/ or a persona	
											¥
	s to keep ir B3, necessary expens		-	-		_	mple, 12 mont	hs worth of ne	cessary expenses for the one-mor	nth income estimate in section	on A.
Full	estimate: B	1+B2+(E	33-C)								
			from salary								¥
Public	pension (incl. co allowance / o					/ child	1				¥
			,	50	l nension		1				

Total

i income earned bein	ore experiencing income loss due to the impact of COVID-19 (fro	om Form 4)
		¥
G Most recent month	's income (after affected by the impact of COVID-19)	
Scholarship	(scholarship name)	¥
Support/allowances	(name of person/organization sending support)	¥
Savings		¥
Part-time job	(place of employment)	¥
Cause of income los	s	
Cause of income los	s	
by certify that the abov	ve statements are true and correct to the best of my knowledge	
by certify that the above Year Month Name printed)		
by certify that the above Year Month	ve statements are true and correct to the best of my knowledge	·.