

Form 12

Receipt Number

Statement of Room Sharing

School/Graduate School		Course • Grade	Date:
	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	Year	Name

I, _____ state that I share my room with the person(s) below.

And my monthly rent (w/ common charges) is _____ yen,

while the whole rent (w/ common charges) is _____ yen.

Signature	
Name in full in block letters	
Student ID Number if applicable	

Signature	
Name in full in block letters	
Student ID Number if applicable	

Signature	
Name in full in block letters	
Student ID Number if applicable	