Application for Admission / Tuition Fee Exemption - Academic Year 2025 [First and Second Halves]

To: The President, The University of Tokyo

I hereby apply for a tuition waiver for the first and second halves of the 2025 academic year. All the information in this application form and the attached documents are true and correct. If there are any discrepancies between the information in the application form and the attached documents, I have no objection to the revocation of the exemption. I understand that if I change my course of study in the second half (e.g., from Master to Doctorate), I need to apply again in the second half.

College/Faculty/Graduate School	Name in KATAKANA	
* Undergraduate / Master's / Doctorate / Professional Degree Program	Applicant Name	
Student ID No.		
Student ID No. of previous year)	
(If it is different from the current number)	Date	Signature

Please circle the appropriate item where marked with "*".

Ap	plica	tion type	*Admis	sion fe	e / Tuit	tion fee (wh	ole yea	ar)		
① Date of Admission (Advancement)			(yyyy/mm)		*	•Second bachelor's degree transferees •Transferees	② Inter	national Studer	nts circle box on	right→
③Address 〒 E-mail Address: (Mobile Phore Home Phone Lab Extensi						e: ()			
⊕ra	mily a	ddress					•	Phone Number	· · · · · · · · · · · · · · · · · · ·	,
	Relationship Applicant		Name	Age	* Marital Status	Name of Institution	Year	*Living Arrangement	Income type 1	Income type 2
					Single · Married	University of Tokyo		Home • Different		
	Relationship		Name	Age	Occu	pation	Place	of work Period of Employment	\backslash	
	Father									
	Mother									
uc	Father/motherless family		-	parated • Oth ort •Survivo	ner() D rs' Pension [Yes • No]	Date [(yyyy/i	mm)]			
SFamily Information	Relationship		Name	Age		Institution	Year	*Living Arrangement		
/ Info	as				*National · Public · Private			Home • Different		
amily	Enrolled as students				*National • Public • Private			Home \cdot Different		
<u></u> Эн	En				*National • Public • Private			Home • Different		
	Relationship		Name	Age	Occu	pation	Place of	of work Period of Employment		
	Not enrolled as students									
	Z									

Do not write anything in this section $\hat{\ }$

Scholarship Information	Do you receive any scholarships?		AY2024 (from April 2024	4 to March 2025)	AY2025 (from April 2025 to March 2026)		
			[* Yes \cdot No] If Yes, fill out the section below		[* Yes \cdot No] If Yes, fill out the section below		
	Organization Name (Name of Scholarship)		Duration (yyyy/mm~yyyy/mm)	Amount	Duration (yyyy/mm~yyyy/mm)	Amount	
	JASSO	Grant		¥		¥	
		Type 1		¥		¥	
		Type 2		¥		¥	
		MEXT Honors		¥		¥	
6				¥		¥	
				¥		¥	

Taxable grants (e.g. GSGC, WINGS, GLAFS, MERIT, SEUT RA, SPRING GX) are not scholarships. If you are granted them, please submit a copy of the certificate.

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	Acade	mic history (so	chool name, en	rollment period) %from high school	Work history (company name, employment period)			
Personal Background (University, Job, etc.)								
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sona								
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с uo "	2024	First half *Applied for (the whole year) • Did not apply • Leave of absence						
Tuition Exemption Status	AY 2	Second half *Applied for (Second half only / reapply) · Did not apply · Leave of absence						
Ex.,	. 2025	First half						
8	AY 2	Second half		required to fill in when ap				
Student Status	* Study Abroad · Leave of Absence Reason () (yyyy/mm ~ yyyy/m							
Stue Sta	* Study Abroad ·Leave of Absence Reason () (yyyy/mm ~ yyyy/r							
9	* Study	* Study Abroad · Leave of Absence Reason () (yyyy/mm ~ yyyy/mm						
	Reason for extending beyond the standard course period Aname and Position of academic advisor Additional Form 8 Studying abroad · Writing thesis · Other) XMake sure to fill in Additional Form 8 Additional Form 8 Xmathematical Xmathemathematical Xmathematical Xmath							
or	(Required)							
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Reason for Applying for Bxemption								
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Re R								
(1)	XIf you write this section in English, please attach a Japanese translation							
	If the member supporting the \diamond Date when unemployed (n or re-employment (* Y • N)		
12				\diamondsuit Current source of living ex	penses ()		
ities	Relation	Name		*Deduction f	Handbook No.			
Disabilities				& physical disability • Pollution dis nt • Radiation exposure (Disability				
(13) Mental & physical disability · Pollution disease (Disability Y · N) · Long term treatment · Radiation exposure (Disability Y · N) · Long term care								

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Note

• Please be careful not to miss any entries.

• Please enter the relevant information as of April 1 for the First Half application. Even after the application is accepted, it may be cancelled if the incorrect information is declared intentionally.

• Even if you have applied for both the first and second halves, if you change your course of study in the second half (from undergraduate to master's, master's to doctoral, or professional to doctoral), or if you change faculty or graduate school, you will need to apply again in the second half. Please be careful not to forget to submit your application in the second half, because your application will not be transferred if you change your course/faculty/graduate school.

 $\cdot\,$ Please make sure that you personally sign the application.

• Please fill out the application form using a black pen or ballpoint pen (Do not use pencils and erasable ballpoint pens.)

PC input is acceptable except in the signature field.

• The application is valid only for the current academic year (April 1,2025 to March 31,2026). Students who will continue to study in the following academic year (April 1,2026 to March 31,2027) and want to be exempted from tuition fee must apply again in the following academic year.