

## Application for Residency in Somei House and Written Oath

(The Housing Facility to Support Learning for Students at the University of Aizu)

**ICT Global Program**

Date: year\_\_\_\_\_month\_\_\_\_\_day

TO: The Chairperson of the Board of Executives of the Public University Corporation,  
the University of Aizu

I (=APPLICANT), hereby apply for residency in the Housing Facility to Support Learning for Students at the University of Aizu, Somei House.

I, upon residing in the Housing Facility to Support Learning for Students at the University of Aizu, "Somei House", hereby pledge to observe the relevant rules and regulations and to promptly vacate Somei House, should I be asked to do so due to the violation of those rules and regulations.

### APPLICANT:

Name in Type \_\_\_\_\_

(Signature) \_\_\_\_\_

Date of birth year\_\_\_\_\_ month\_\_\_\_\_ day\_\_\_\_\_

Gender ☐ male ☐ female

Examinee's number \_\_\_\_\_

Current address

\_\_\_\_\_  
Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

# LETTER OF GUARANTEE

To: The Chairperson of the Board of Executives of the Public University Corporation,  
The University of Aizu

I hereby jointly guarantee the liability\* of the Applicant for boarding fees, common-use fees, etc. (including utility charges) at the Housing Facility to Support Learning for Students at the University of Aizu, Somei House.

\*The total liability of guarantor shall not exceed JPY100,000.

          Date          : Year                                Month                                Date                                

## Guarantor

\*The guarantor is requested to fill in this part in person.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship with the Applicant: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## Applicant

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Receipt Number\_\_\_\_\_

**Statement of Reasons for Application for Residency in the Housing Facility to  
Support Learning for Students at the University of Aizu, “Somei-House”**

Date: year\_\_\_\_\_month\_\_\_\_\_day\_\_\_\_\_

Name in print: \_\_\_\_\_

(Signature):\_\_\_\_\_

Student ID number or Examinee's number: \_\_\_\_\_

Please describe reasons for application for residency in Somei-House, and what you would like to gain through the life in Somei-House.

\*Please write within the box above.