**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**

*Below information will be used for the selection purpose only.*

1. The person who pay tuition fees and/or housing costs \*circle the applicable one

Tuition: Applicant / Parent(s) / Others (who? )

Housing: Applicant / Parent(s) / Others (who? )

2. (If the payer stated above is not the applicant) Occupation of the payer and annual income

Occupation

Annual income JPY

3. Will the applicant receive scholarship? \*circle the applicable one

Yes / Now applying / No

If ‘Yes’ and ‘Now applying’, write the provider and monthly amount.

(i) Provider 　\*tick all the applicable ones

□ Japanese government ( MEXT, SGU etc.)

□ JASSO (Japan Student Services Organization)

Need to refund / No need to refund

□ Foreign government (Country: )

□ Company (Name: )

□ Others ( )

(ii) Monthly amount in total JPY

Note: (If anything to note, please write here.)

LETTER OF GUARANTEE

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

The University of Aizu

I, hereby jointly and severally with the “Applicant”, assume his/her debt burden of the rent, utility fees (including repair costs) incurred during the period of his/her residency in the Housing Facility to Support Learning for Students at the University of Aizu, ”Somei-House”. The aggregate amount of liability of guarantor shall not exceed JPY140,000.

Date : Year Month Date

Guarantor

\*Guarantor is requested to fill in this part in person.

Name in print:

(Signature):

Date of Birth:

Relationship with the applicant:

Nationality:

Occupation:

Current address:

Phone:

Cell phone:

Applicant

Name in print:

(Signature):

**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.