Number	
t	Number

Application for Residency in Somei House and Written Oath (The Housing Facility to Support Learning for Students at the University of Aizu)

Privately Financed International Students (including Non-degree Students)

	Date: year	month	day
TO: The Chairperson of the Board of Executives the University of Aizu	of the Public Un	iversity Corpo	oration,
I (=APPLICANT), hereby apply for residence Learning for Students at the University of Aiz		-	Support
I, upon residing in the Housing Facility to S University of Aizu, "Somei House", hereby p and regulations and to promptly vacate Son so due to the violation of those rules and reg	ledge to observ	e the releva	nt rules
APPLICANT:			
Name in Type			
(Signature)			
Date of birth year month	day		
Gender ☐ male ☐ female	_		
Examinee's number	_ *N/A for non	-degree stude	ents
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 annua
income
Occupation
Annual income JPY
3. Will the applicant receive scholarship? *circle the applicable one Yes / Now applying / No 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 <u>JPY</u>

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 JPY190,000.

	<u>Date: Ye</u>	ar Month	n Date
Guarantor	*Guarantor is requested	to fill in this part in pe	erson.
Name in print:			
(Signature):			
Date of Birth:			
Relationship with	the applicant:	_	
Nationality:		_	
Occupation:		_	
Current address:			
Phone:			
Cell phone:			
Applicant			
Name in print:			
(Signature):			