Date:

### **Declaration of Income and Expenditure Status**

To: The President of the University of Tsukuba

Number of family members:

{Undergraduate / Master / Doctor }			{School • Degree Programs}	{College • Program}	
Student ID		Name			
Number		Name			
Regarding the application for tuition fees		exemption	n, I declare the following.		
	Notes				
Fill the living	Fill the living expenses per month.				
Calculate your income and expenditure for AY2022. Please write the total amount per household including you.				r household including you.	

(International students must count your spouse and children living in Japan including themselves.)

Income		Expenses		
Scholarship	Yen	Tuition (monthly amount) (deduct the exempted amount for AY2022):*2, 3)	annual fees – (AY2022 exemption)] /1 Yen	
TA/RA Income	Yen	School expenses (Except tuition fees)	Yen	
Income of applicant	Yen	Food expenses	Yen	
Income of spouse	Yen	Housing expenses	Yen	
From personal savings	Yen	Utilities expenses	Yen	
Money sent from home, etc.	Yen	Commutation and Transportation expenses	Yen	
SPRING Fellowship Grant(*4)	Yen	Entertainment expenses	Yen	
Other ( )	Yen	National Health Insurance fees	Yen	
Other ( )	Yen	Cell-phone charges	Yen	
Scholarship loan( )	Yen	Other( )	Yen	
Income subtotal 1	Yen	Total Expenditure	Yen	
収入小計 2 (*1)	円	備考	円	
計	円	年額	円	

- \* 1. Do not write in grayed blanks.
  - 2. Annual tuition for graduate school of law is 804,000yen.
  - 3. In the case of general yearly tuition fee of (535,800yen), the monthly payment due for the tuition is: {535,800 (AY2022 exempted fees)} /12 Deduct the amount exempted in AY2022 from annual fees (535,800) and divide it by 12 months. E.g. For a case of full exemption given for the first semester with a half exemption for the second semester, the monthly fee is calculated to be 11,163 yen.
- 4. For SPRING Fellowship Grant, please enter the "Grant for Living Expense" amount indicated on the Fellowship Approval Notification. Also, be sure to submit a copy of your Fellowship Approval Notification.

### **Applicant**

Student ID Number	Name

Certificate of Expected Annual Income (including TA·RA)	
年収見込証明書(TA・RA を含む)	
To: Person in charge of salary 給与担当者 殿	
Because of requiring this certificate to apply for tuition exemption, I hereby request you to certify the follo 授業料免除を申請しますので、下記について証明くださるようお願いします。	owing.
下記のとおり雇用していることを証明します。	
記	
就業者氏名	
業務内容	_
雇用期間 西暦年月日 ~ 西暦年月日まで(予定)	
支払金額	
年間支払総予定額円	
[証明者] 年 月 日	
会社等	
氏 名	印

問合せ先: 筑波大学学生部学生生活課 [元 029 (853) 2262,5959]

Students do not fill in "雇用期間 (=Employment period)" and below.

\*こちらの様式は収入見込みを証明する書類として、給与明細書等が発行できない場合にそのかわり として使うことができます。

This form may be used as "documents regarding income" when you are not able to get salary statements.

<sup>\*</sup>雇用期間以降の事項については「学生記入不可」。

(For students whose family members attend national schools)

## 授業料免除実施状況証明書 (Certificate of Tuition Exemption Status)

<u>筑波大学に在学中の私の兄弟・配偶者等②</u>が、2023年度授業料免除等の申請に必要としていますので、<u>私(2022年度における貴学在学者)①</u>の下記事項について証明をお願いします。

[I, a student who is attending your school as of AY20221], would like to request you to certify my tuition exemption status as follows, because my sibling/spouse attending the University of Tsukuba2 requires this certificate to apply for Tuition Exemption of AY2023.]

Exemption of 71120	<i>9</i> 23. <sub>]</sub>					
①2022年度に	ておける貴学在学	:者〔証明を受ける者〕	1	②筑波大学在学者 Sta	udent of University	v of Tsukuba
		ne person who is certifie			or tuition exemptio	
学部(School)/研究		•		学籍番号		
科(Degree Program)				(Student ID Number)		
学籍番号(Student ID		年次()	Voor)	氏名		
Number)/年次(Year)		+次(1	rear)	(Name)		
氏 名				※左欄①の証明を受ける者	が筑波大学在学者	である場合
(Name)				は、上記②免除申請者が下	「記証明欄1、2を記」	入し提出してく
通学区分	│ │ │ 自字通学(Home	e) □自宅外通学(Oth	er)	ださい(証明者欄記入不要)		
(Commuting from)		c) = 1 = 1 (om	C1)	of Tsukuba, ② must fill in c submit. (It is not necessary t		
			<del>≓</del> →	suchine. (It is not necessary t	o mi m me cermier	zorumi)
			記			
	[ ]	以下学校担当者の	ご記入	をお願いします。		
	- 1					
1. 学校種別						
School Cate	egories					
□大学院・大学		高等専門学校		□高等学校		
University		College of Tech	nology	High school		
□専修学校(	専門課程)□専	修学校(高等課程	呈)	□その他(		)
Vocational	School (Upper	Secondary/Spec	ialize	d) Others		
2. 2022年	<b>在运</b> 类料. 4 10/4		極柴利	年婚(甘未年婚)		円 ]
				一种(基本十領) Amount of Tuition	Fees	yen
		生、休学による免				J 011
		主、水子による別 ment scholarshi			免除実施額	円
First  □半額	類免除 □一部 <sup>1</sup>			免除されていない	Amount of	yen
semester Hal:				Not exempted	exemption	,
	f免除(国費留学	生、休学による免	免除を含	<b>今</b> す <sub>ら</sub> )		
俊期分   Full		ment scholarshi			免除実施額	円
Second   □ 半額				免除されていない	Amount of	yen
semester Hali	f Part			Not exempted	exemption	
		し、必要事項をご				
2022	年度の授業料免	L除実施状況につい	て証明	月してくださるようお	願いいたします	•
上記のとおり証	明します。 ※i	証明を受ける者①	が筑波	大学在学者である場合	は、以下記載	不要。
_, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	, , , , ,		10
西暦	年	月 日				
/ <b>-</b> -	•					
		学校	名			
		所	属			
		担当者」	 氏名			印

Student ID Number	Name

# Detailed statement of medical expense deductions for persons needing long-term care

1. Person needing long-term care	
Name	(Relationship to applicant)
2. Name of illness	
3. Monthly summary of medical exp	ense
* Please attach medical certificate	es (copy), and fill the amount in each box below.

Target period: January 2021–December 2021

Receipt	① Out-of-Pocket	②Amount to be	Receipt	① Out-of-Pocket	②Amount to be
month	medical expense	compensated	month	medical expense	compensated
For January	Yen	Yen	For July	Yen	Yen
For February	Yen	Yen	For August	Yen	Yen
For March	Yen	Yen	For September	Yen	Yen
For April	Yen	Yen	For October	Yen	Yen
For May	Yen	Yen	For November	Yen	Yen
For June	Yen	Yen	For December	Yen	Yen
① Out-of-Pocket medical expense (Total)			1)		Yen
② Amount to be compensated (Total)			2		Yen
3 Amount used to calculate deductible amount. $(1-2)$			3		Yen

#### [\*Notes]

- Persons needing Long-term Care are those who are recognized to need long-term treatment for more than six months.
- Food cost during hospitalization, an extra charge incurred for use of bed, document cost, and linen or clothing cost are not to be included in medical expenses in ①, as it is considered to be a regular expense occurred in daily life regardless of the hospitalization.
- Submit copies of receipt (with a name of person needing long-term care) attached on A4 size blank paper.
- Please confirm the amount of money by months of receipt.

[Example] If consultation date is November 30 and the receipt date is December 3, please include it in out-of-pocket medical expense for December.

• Fill the amount of money that was refunded as high medical care cost from Health Insurance in ②. Submit copies of applicable documents attached on A4 size blank paper. If there are several applicable persons, make enough copies of this sheet to fill for all.

# Interview Sheet regarding Tuition Exemption Application (□for spring semester • □for fall semester)

Applicants who are studying beyond the period of study or apply by "5 Circumstances (Others)" must undergo an interview as indicated below.

	Katakana Name		School of College of Degree Programs in	□Admission
Applicant			Master`sProgram in	□Transfer Admission etc.
	Student ID No.		Doctoral Program in	Date:
FF 41	1. 4 1 1			
	oplicant only]			
	application]	11		
	ng beyond the stand		e standard period of study has expired].	
	ying abroad.	pt leave of absence after th	e standard period of study has expired].	
		ee •studying abroad)		
	r Month Day–Year		) leave of absence •	studying abroad
			leave of absence •	
	_	(	) leave of absence •	
		(	) leave of absence •	studying abroad
	er reasons	at talea anadita haaaysa af e	lianasa fan a maniad ahantan than tha maniad af	Sleave of absorbes
⊔ຣເ	udents who could h	of take credits because of o	disease for a period shorter than the period of Please sub	
□St	udants with disabili	ties	Please submit the Physical disability certific	
		sidered to have special rea		ate.
ப்			mit the document which indicates the special	reason other than above
/=\ _				
			reason for studying beyond the standard peri	od of study]
∟Stud		ered to have a special reas		
		· · · · · · · · Please sub	mit the document which indicates the special	reason other than above.
explain the XPlease	circumstance in deta do not write in this	il.	shown above, write the reasons for extension in tion exemption. If there is not enough space	
use Form	6-2.			
[面接者記	入 For the intervi	ewer only]		
上記学生	の申請書及び証明	書等に基づき、申請理	由、その他記載事項について説明を受け	ました。
I received above stude		he application reason and o	other entries according to the application and	the documents submitted by the
(1) 卒業	見込み Expected (	Graduation		
	•	)見込み Expected to grad	rate in AY2023	
	24 年度以降(		spected to graduate after AY2024 (in AY	)
	-・・ へい・、 (下記に必ずご記 <i>)</i>		.poores to graduate arter 111 202 ( militar	,
Opinion ab	out studying beyon		n or applying by "5 Circumstances (Others)" (A on etc. in detail.) (In Japanese)	fter screening, this will be taken into
日付	Date:			
(面接者	Interviewer) Facu	lty:	Name: Name:	
*	The interview sheet i	must be put in a sealed envelor	e (prepared by the applicant) by the interviewer Use	<ul> <li>additional paper and attach it if your</li> </ul>

comments cannot fit in the spaces provided.

Applicant	Katakana Name	
	Student ID No.	

[For the applicant only]
[Detailed reason: required entry]  **Please do not write in this part why you need the tuition exemption. If Form 6-1 does not have enough space to write the reason, please use this form.

Note: If "the COVID-19 outbreak" is the reason, please describe it in such a way that the causal relationship with the exceeding the standard course term can be objectively ascertained in order to clarify that it is an unavoidable circumstance. (Please describe the details of the impact in detail, including timing and duration.)

Please be advised that we may request additional materials.