Date:

Declaration of Income and Expenditure Status

To: The President of the University of Tsukuba

{Undergradua	ate / Master / Doctor }		{School • Degree Programs}	{College • Program}
Student ID		NT.		
Number		Name		
Regarding the application for tuition fees exemption, I declare the following.				

Notes

Fill the living expenses per month.

Calculate your income and expenditure for AY2023. Please write the total amount per household including you.

Number of family members:

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

Income		Expenses		
1 Scholarship (*1) Yen I		Tuition (monthly amount) (*3, 4)	annual fees/12 44, 650Yen	
TA/RA Income	Yen	School expenses (Except tuition fees)	Yen	
Income of the student	Yen	Food expenses	Yen	
Income of family financial supporter(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(*5)	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 (*2)	円	備考	円	
中十	円	年額	円	

- * 1. Students who have enrolled in AY2023 must fill the expected monthly amount to receive during AY2023.
 - 2. Do not write in grayed blanks.
 - 3. Annual tuition for general yearly tuition fee is 535,800yen and for Law School is 804,000yen.
 - 4. If the amount is incorrect, draw a double line to correct it.
 - 5. 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.

^{*}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.]

r]					
①2022年度に				②筑波大学在学者 Si	•	
Student of your sch	T	the person	who is certified]		or tuition exemption	1]
学部(School)/研究 科(Degree Programs)				学籍番号 (Student ID Number)		
学籍番号(Student ID				氏名		
子精笛号(Student ID Number)/年次(Year)			年次(Yea	(Name)		
氏 名			i	※左欄①の証明を受ける	上	でもて担合
(Name)				は、上記②免除申請者が		
通学区分	□百夕通党四	П ф.	宅外通学(Other)	ださい(証明者欄記入不要		
(Commuting from)	□日宅連子(H	lome) $\square \exists$	七外迪子(Other)	of Tsukuba, ② must fill in submit. (It is not necessary		
				, ,	to mi in the certifier c	orumin)
				記		
	[以下学校	対担当者のご	記入をお願いします。		
- WHATE DI						
1. 学校種別 School Cat	ogorios					
		口士松士	DD 557 1-7-			
□大学院・大 University		□高等専 Collog	門字仪 e of Techno	□高等学校 ology High school		
					/	`
□ 専修学校(Vegetional	専門課程)∟ School (Up _l	• •		- ,—)
Vocational	School (up)	Jer Secon	uary/specia	alized) Others		
	度授業料免除		_	業料年額(基本年額)		円]
	emption Sta			nnual Amount of Tuition	Fees	yen
	頁免除(国費留				免除実施額	_
Finat Ful		ernment s 部免除(cholarships \	s, leave of absence) □免除されていない	Amount of	円
semester Hal			,	Not exempted	exemption	yen
—	重免除(国費留		学に トス角『			
俊别分 Ful				なるとり s, leave of absence)	免除実施額	円
Second 口坐g				□免除されていない	Amount of	yen
semester Hal		rt		Not exempted	exemption	•
(注) 該当する						
2022	年度の授業料	 免除実施	状況につい	て証明してくださるようお	ぶ願いいたします	0
上記のとおり証	明します。	※証明を受	受ける者①が	筑波大学在学者である場 [。]	合は、以下記載を	下要。
西暦	年	月	日			
			<u> </u>	\rightarrow		
			学 校 ————	名 		
			所	属		
			担当者氏			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 expense	

* Please attach medical certificates (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-Poo	cket 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	Cleave 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・、 (下記に必ずご記丿		.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	 additional paper and attach it if your

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.