

Date:

Declaration of Income and Expenditure Status

To: The President of the University of Tsukuba

{Undergraduate / Master / Doctor }		{School • Degree Programs}		{College • Program}	
Student ID 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 AY2025**. 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	
Scholarship (*1)	Yen	Tuition (monthly amount) (deduct the exempted amount for AY2024):*3, 4,5)	annual fees – (AY2024 exemption) /12 Yen
TA/RA Income	Yen	School expenses (Except tuition fees)	Yen
Short-term employment Income	Yen	Food expenses	Yen
Income of applicant	Yen	Housing expenses	Yen
Income of spouse	Yen	Utilities expenses	Yen
From personal savings	Yen	Commutation and Transportation expenses	Yen
Money sent from home, etc.	Yen	Entertainment expenses	Yen
SPRING Fellowship Grant(*6)	Yen	National Health Insurance fees	Yen
Other ()	Yen	Cell-phone charges	Yen
Other ()	Yen	Other()	Yen
Scholarship loan()	Yen	Other()	Yen
Income subtotal 1	Yen	Total Expenditure	Yen
収入小計 2 (*2)	円	備考	円
計	円	年額	円

* 1. Students who have enrolled in AY2025 must fill the expected monthly amount to receive during AY2025.

2. Do not write in grayed blanks.

3. Annual tuition for graduate school of law is 804,000yen.

4. In the case of general yearly tuition fee of (535,800yen),

the monthly payment due for the tuition is: **{535,800 – (AY2024 exempted fees)} /12** Deduct the amount exempted in AY2024 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.

5. In the case of new students, the amount is 44,650 yen.

6. For SPRING Fellowship Grant, please enter the "Grant for Living Expense" amount indicated on the Fellowship Approval Notification. Also, please 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 following.
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。

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 [Tel 029 (853) 5959]

*雇用期間以降の事項については「学生記入不可」。

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.

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

筑波大学に在学中の私の兄弟・配偶者等②が、2025年度授業料免除等の申請に必要としていますので、私（2024年度における貴学在学者）①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 AY2024①, 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 AY2025.]

① 2024年度における貴学在学者〔証明を受ける者〕
Student of your school as of AY2024[the person who is certified]

学部(School)/研究科(Degree Programs)	
学籍番号(Student ID Number)/年次(Year)	年次(Year)
氏名 (Name)	
通学区分 (Commuting from)	<input type="checkbox"/> 自宅通学(Home) <input type="checkbox"/> 自宅外通学(Other)

②筑波大学在学者 Student of University of Tsukuba
[Applicant for tuition exemption]

学籍番号 (Student ID Number)	
氏名 (Name)	

※左欄①の証明を受ける者が筑波大学在学者である場合は、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ださい(証明者欄記入不要)。If ① is a student of the University of Tsukuba, ② must fill in certification boxes 1 and 2 below and submit. (It is not necessary to fill in the certifier column)

記

【 以下学校担当者のご記入をお願いします。 】

1. 学校種別
School Categories

<input type="checkbox"/> 大学院・大学・短大 University	<input type="checkbox"/> 高等専門学校 College of Technology	<input type="checkbox"/> 高等学校 High school
<input type="checkbox"/> 専修学校（専門課程） Vocational School (Upper Secondary/Specialized)	<input type="checkbox"/> 専修学校（高等課程）	<input type="checkbox"/> その他（ Others

2. 2024年度授業料免除実施状況 [授業料年額(基本年額) 円]
Tuition Exemption Status in AY2024 Annual Amount of Tuition Fees yen

前期分 First semester	<input type="checkbox"/> 全額免除(国費留学生、休学による免除を含む) Full(incl. Government scholarships, leave of absence) <input type="checkbox"/> 半額免除 <input type="checkbox"/> 一部免除 () <input type="checkbox"/> 免除されていない Half Part Not exempted	免除実施額 Amount of exemption 円 yen
後期分 Second semester	<input type="checkbox"/> 全額免除(国費留学生、休学による免除を含む) Full(incl. Government scholarships, leave of absence) <input type="checkbox"/> 半額免除 <input type="checkbox"/> 一部免除 () <input type="checkbox"/> 免除されていない Half Part Not exempted	免除実施額 Amount of exemption 円 yen
<input type="checkbox"/>	2025年度入学者 (New student in AY2025)	

(注) 該当する項目にチェックし、必要事項をご記入ください。
2024年度の授業料免除実施状況について証明して下さるようお願いいたします。

上記のとおり証明します。 ※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。

西暦 年 月 日

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 expense

*** Please attach medical certificates (copy), and fill the amount in each box below.**

Target period: January 2024–December 2024

Receipt month	① Out-of-Pocket medical expense	② Amount to be compensated	Receipt month	① Out-of-Pocket medical expense	② Amount to be 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.

Applicant	Katakana Name		School of _____ College of _____	<input type="checkbox"/> Admission <input type="checkbox"/> Transfer Admission etc. Date: _____
	Student ID No.		Degree Programs in _____ Master's Program in _____ Doctoral Program in _____	

[For the applicant only]

[Reason for application]

(1) Studying beyond the standard course term

☐ Leave of absence [Except leave of absence after the standard period of study has expired].

☐ Studying abroad.

(Period of leave of absence • studying abroad)

Year Month Day–Year Month Day (_____) leave of absence • studying abroad

_____ (_____) leave of absence • studying abroad

_____ (_____) leave of absence • studying abroad

_____ (_____) leave of absence • studying abroad

☐ Other reasons

☐ Students who could not take credits because of disease for a period shorter than the period of leave of absence

. Please submit the Medical certificate.

☐ Students with disabilities Please submit the Physical disability certificate.

☐ Students who are considered to have special reason other than above

. Please submit the document which indicates the special reason other than above .

(2) Reason for “5 Circumstances (Others)” [Except the reason for studying beyond the standard period of study]

☐ Students who are considered to have a special reason

. Please submit the document which indicates the special reason other than above .

[Detailed reason : required entry] For the answer in (1) shown above, write the reasons for extension in detail, and for the answer in (2), explain the circumstance in detail.

※Please do not write in this part why you need the tuition exemption. If there is not enough space and you cannot write, please use Form 6-2.

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[面接者記入 For the interviewer 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 an explanation of the application reason and other entries according to the application and the documents submitted by the above student.

(1) 卒業見込み Expected Graduation

☐ 2025 年度内に卒業の見込み Expected to graduate in AY2025

☐ 2026 年度以降(_____ 年度)に卒業見込み Expected to graduate after AY2026 (in AY _____)

(2) 所見(下記に必ずご記入ください。)

Opinion about studying beyond the standard course term or applying by “5 Circumstances (Others)” (After screening, this will be taken into consideration during the evaluation; so, please describe your situation etc. in detail.) (In Japanese)

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.....

日付 Date: _____

(面接者 Interviewer) Faculty: _____ Name: _____

* The interview sheet must be put in a sealed envelope (prepared by the applicant) by the interviewer. Use additional paper and attach it if your comments cannot fit in the spaces provided.

