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## 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 Chairperso the University o		l of Executives	of the Public Ur	niversity Corpo	oration,
I (=APPLICANT) Learning for Stude					Support
I, upon residing i University of Aizu and regulations a so due to the viola	, "Somei Hous nd to promptl	se", hereby pl y vacate Som	edge to obser ei House, sho	ve the releva	ınt rules
APPLICANT: Name in Type					
(Signature)				<u>-</u>	
Date of birth y	/ear	_ month	day_		
Gender	□ male	☐ female	_		
Examinee's nur	nber		-		
Current address	s				
Phone					
Cell phone				_	
E-mail				<u> </u>	

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

1. The person who pay tuition fees and/or housing costs *circle the applicable	e 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 a	nd annua
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	
<ul> <li>□ Japanese government ( MEXT, SGU etc.)</li> <li>□ JASSO (Japan Student Services Organization)</li> <li>Need to refund / No need to refund</li> <li>□ Foreign government (Country: )</li> <li>□ Company (Name: )</li> <li>□ Others ( )</li> </ul>	
(ii) Monthly amount in totalJPY	

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.

	<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):			

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# Statement of Reasons for Application for Residency in the Housing Facility to Support Learning for Students at the University of Aizu, "Somei-House"

Date. yearmonthday
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.