

Application for admission fee waiver (deferral of payment) and tuition fee waiver for the 2026 academic year (the first semester)

Applicant Form

April 1 2026

To the President of Kanazawa University

I wish to apply for an admission fee waiver (deferral of payment) and tuition fee waiver for the 2026 academic year, and attach the required documents.

For questions with a "□," please check the appropriate box.

Admission fee waiver Application Category (Check one)	<input type="checkbox"/> Application for an admission fee waiver	<input type="checkbox"/> Application for deferral of admission fee payment	<input type="checkbox"/> Not applicable	
Tuition fee exemption Application Category (Check one)	<input type="checkbox"/> Application for the Second semester only	<input type="checkbox"/> Combined application for the first and second semesters	<input type="checkbox"/> Not applicable	
Application Category	<input type="checkbox"/> General <input type="checkbox"/> Self-supported individual <input type="checkbox"/> International student			
Registration of tuition transfer account	<input type="checkbox"/> Registered <input type="checkbox"/> Registration after arrival in Japan	You need to go through the account transfer procedure even if you apply for tuition fee exemption.		
Applicant	Name		Contact details	
	Address		TEL: - -	
	Zip code: -	Mobile: - -		
	Email : @			
	Student classification	Affiliation (Fill in the department you plan to enroll.)	Grade	Transfer category
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> College of _____ <input type="checkbox"/> School of _____ <input type="checkbox"/> General Education Division of the Institute of Liberal Arts and Science (<input type="checkbox"/> Humanities <input type="checkbox"/> Sciences)	Year	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable
Emergency contact information	Student classification	Affiliation (Fill in the department you plan to enroll.)	Grade	
	<input type="checkbox"/> Graduate School	Graduate School of _____ Division of _____ (Bekka studies students fill in this column.)	<input type="checkbox"/> Master's/PhD First semester <input type="checkbox"/> PhD/Post-doctorate <input type="checkbox"/> Doctor of Medicine/Pharmacy <input type="checkbox"/> Professional Degree Program	_____Year
	Name		Contact details	
	Address		TEL: - -	
Zip code: -		Mobile: - -		
(Relation:)		Email : @		

Reasons for Application

(To be filled out in detailed and specific terms by **the applicant** in his/her own handwriting)

Where the main income earner is unemployed	Date of unemployment	Date	Year	Month ~
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Academic history	Year	Month	High School/Technical College/Junior College	<input type="checkbox"/> Graduate	<input type="checkbox"/> Anticipated Graduation	<input type="checkbox"/> Withdrawal	
	Year	Month	University	Faculty	<input type="checkbox"/> Graduation	<input type="checkbox"/> Anticipated Graduation	<input type="checkbox"/> Withdrawal
	Year	Month	Graduate School	Postgraduate Program	<input type="checkbox"/> Master's <input type="checkbox"/> PhD First semester <input type="checkbox"/> Completed <input type="checkbox"/> Anticipated completion		

Applicant's part-time work and employment status	General student/International student	Ongoing part-time job	<input type="checkbox"/> Yes <input type="checkbox"/> Have previously worked Last day worked (Year Month) <input type="checkbox"/> No
	Employed person (Working adult, self-supported, etc.)	Ordinary employment	<input type="checkbox"/> Yes <input type="checkbox"/> No Last day worked (Year Month)

Student number											Furigana	
											Name	

For questions with a "□," please check the appropriate box.

For international students, Family members living together in Japan only

* <- Do not complete fields in blue

	Relation	Name	Age	Company name	Date of employment	Total salary (Yen, thousands)	Total non-salary income (Yen, thousands)
(1) Family members excluding persons in school	Applicant				* Date ~		
	Father				* Date ~		
	Mother				* Date ~		
					* Date ~		
					* Date ~		
					* Date ~		
					* Date ~		
(2) Applicant	Commuting classification	<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home					
(3) Scholarship	Current year 2026	JASSO: Benefit-type *Loan-type does not need to be filled in. () yen per month x () months, () yen per month x () months					Value received (Yen, thousands) (Annual value)
		Name of other scholarships () : () yen per month x () months					
		Name of other scholarships () : () yen per month x () months					
	Last year 2025	JASSO: Benefit-type *Loan-type does not need to be filled in. () yen per month x () months, () yen per month x () months					
		Name of other scholarships () : () yen per month x () months					
		Name of other scholarships () : () yen per month x () months					
(4) Persons enrolled in study (Excluding the applicant)	Relation	Name	Type	School enrolled (Year of admission) (School year)		Commuting classification	
		(Age: Years)	<input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Elementary school <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> Technical College <input type="checkbox"/> Special vocational school (High school course) <input type="checkbox"/> Special vocational school (Specialized course) Name of school (Year of admission) (Grade:)		<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home City ()	
		(Age: Years)	<input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Elementary school <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> Technical College <input type="checkbox"/> Special vocational school (High school course) <input type="checkbox"/> Special vocational school (Specialized course) Name of school (Year of admission) (Grade:)		<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home City ()	
		(Age: Years)	<input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Elementary school <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> Technical College <input type="checkbox"/> Special vocational school (High school course) <input type="checkbox"/> Special vocational school (Specialized course) Name of school (Year of admission) (Grade:)		<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home City ()	
		(Age: Years)	<input type="checkbox"/> National <input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Elementary school <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> Technical College <input type="checkbox"/> Special vocational school (High school course) <input type="checkbox"/> Special vocational school (Specialized course) Name of school (Year of admission) (Grade:)		<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home City ()	
(5) Special exemptions	Single parent household		<input type="checkbox"/> No father <input type="checkbox"/> Death <input type="checkbox"/> Separation (Year Month) <input type="checkbox"/> No mother <input type="checkbox"/> Death <input type="checkbox"/> Separation (Year Month)	0: Not applicable 1: Applicable			
	Households with disabled persons		Relation () <input type="checkbox"/> Disabled <input type="checkbox"/> A-bomb Survivor (with disability) Certification number () Relation () <input type="checkbox"/> Disabled <input type="checkbox"/> A-bomb Survivor (with disability) Certification number ()			Persons	
	Households affected by disasters, storm and flood damage, theft, etc.		Damage details		Value of damage ¥		
Field to be completed by the university					Family members		Persons
					Self-supported	0: No 1: Yes	
					Household in receipt of public	0: No 1: Yes	

Checked			Entered		Verification		
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Application for admission fee Waiver (Deferral of payment) and Tuition Fee WaiverApplicant Form 1

The application form for the entrance fee waiver (deferral of payment) and tuition fee waiver is an important document in the selection process. Please read these instructions carefully and fill in all relevant information so that we can understand your current situation **as of April 1**. Please note that your application may not be accepted if you do not fill in the form. Please note that **if the information entered is found to be incorrect, any current waiver permission will be revoked and any future waiver applications rejected**, so please take care to enter information accurately. You may apply for both the "Admission fee waiver (Deferral of payment)" and the "Tuition fee waiver" using this form. Please be sure to **put a check against the relevant items for which you are applying: "Application for admission fee waiver" and/or "Application for tuition fee waiver"**. Students who wish to apply for both the admission fee waiver (deferral of payment) and the tuition fee waiver may **submit only one copy of the application form** for the Admission fee waiver (Deferral of payment) and Tuition fee waiver (Forms 1-1 and 1-2), together with documents such as a certificate of income and a copy of tax withholding certificates.

(Form 1-1)

Application for admission fee waiver (deferral of payment) and tuition fee waiver for the 2025 academic year (the first semester) Applicant Form

April 1 2026

To the President of Kanazawa University

I wish to apply for admission fee waiver for the 2025 academic year, and attach the required documents. **Check the application requirements and apply only if applicable.**

For questions with a "□," please check the appropriate box.

Admission fee waiver Application Category (Check one)	<input type="checkbox"/> Application for an admission fee waiver	<input type="checkbox"/> Application for deferral of admission fee payment	When applying for a tuition fee waiver, please tick 'Apply for the Second semester only'.
Tuition fee exemption Application Category (Check one)	<input type="checkbox"/> Application for the Second semester only	<input type="checkbox"/> Combined application for the first and second semesters	
Application Category	<input type="checkbox"/> General <input type="checkbox"/> Self-supported individual <input type="checkbox"/> International student		
Registration of tuition transfer account	<input type="checkbox"/> Registered <input type="checkbox"/> Transfer procedure even if not registered		
Applicant Information	Zip code	Mobile:	Transfer category
	Department	Fill in the department you plan to enroll.	<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable
	Degree	<input type="checkbox"/> General Education Division of the Institute of Liberal Arts and Science <input type="checkbox"/> Humanities <input type="checkbox"/> Sciences	Year
	Student classification	Affiliation (Fill in the department you plan to enroll.)	
	<input type="checkbox"/> Graduate School Division of	<input type="checkbox"/> Master's/PhD First semester <input type="checkbox"/> PhD/Post-doctorate <input type="checkbox"/> Doctor of Medicine/Pharmacy	Grade
Emergency contact information	Name	Address	If your parents have cellphones, please provide their cellphone numbers. This will only be used
	Zip code:	Mobile:	
	(Relation:)	Email :	

Reasons for Application

(To be filled out in detailed and specific terms by **the applicant**.)

Detailed and specific reasons of the circumstances surrounding the application are to be provided by the applicant themselves in the "Reasons for application" column.

Please provide your parents' contact information. This will be your emergency contact in the event you cannot be reached.
For international students, please indicate a family member who lives with you (e.g., spouse) or a person who lives in Japan and whom you can contact. In such cases, please be sure to obtain the consent of the person to be listed as a contact person before

Please complete this form so that we can understand your circumstances prior to enrollment.

Where the main income earner is unemployed	Date of unemployment	Date	Year	Month	~		
Academic history	Year	Month	High School/Technical College/Junior College	<input type="checkbox"/> Graduate	<input type="checkbox"/> Anticipated Graduation	<input type="checkbox"/> Withdrawal	
	Year	Month	University	Faculty	<input type="checkbox"/> Graduation	<input type="checkbox"/> Anticipated Graduation	<input type="checkbox"/> Withdrawal
	Year	Month	Graduate School	Postgraduate Program	<input type="checkbox"/> Master's	<input type="checkbox"/> PhD First semester	<input type="checkbox"/> Completed
Applicant's part-time work and employment status	General student/International student	Ongoing part-time job	<input type="checkbox"/> Yes <input type="checkbox"/> Have previously worked Last day worked (Year Month) <input type="checkbox"/> No				
	Employed person (Working adult, self-supported, etc.)	Ordinary employment	<input type="checkbox"/> Yes <input type="checkbox"/> No Last day worked (Year Month)				

Student number		Students enrolling in April 2026 do not need to enter their student ID number.		Furigana Name Name	
Please record all family members living in the same household as you and your parents. Be sure to include any family members who are <u>dependents of your parents for tax purposes</u> , even if they live separately. Siblings who live separately due to marriage, employment, or other reasons do not need to be included on this form. Even if such siblings do live with you, they need not be included if they handle their own finances.		Appropriate box. Residence in Japan only		* Date	<- Do not complete fields in blue
		Company name	Date of employment	Please enter the name of the company they work for (e.g. XX company) and the dates of employment. If they are self-employed, please write (self-employed) next to the company name. If the applicant (the student) has a regular job, please record the company name in lieu of "student." Students who do not have a regular job should enter "student."	
		<input type="checkbox"/> Living away from home			
(3) Scholarship	Current year 2026	JASSO: Benefit-type () yen per month x () months	Name of other scholarships ()	Please check the "living at home box" if you are self-supported for any reason, such as living apart from your spouse. All international students are also required to check the "Living at home" box.	
	Last year 2025	JASSO: Benefit-type () yen per month x () months	Name of other scholarships ()		
(4) Persons enrolled in study (Excluding the applicant)	Relation	Name	(Year of admission) (School year)	Commuting classification	
	Enrollment in a general course in a trade school or various other types of school (preparatory school, vocational training school, other) will not be treated as studying, so please record these under column (1) Family members excluding persons in school		<input type="checkbox"/> Technical College <input type="checkbox"/> Special vocational school (High school course) <input type="checkbox"/> Vocational school (Specialized course) <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Special vocational school (High school course) <input type="checkbox"/> Vocational school (Specialized course) <input type="checkbox"/> (Year of admission) (Grade:) <input type="checkbox"/> City ()	<input type="checkbox"/> Living at home <input type="checkbox"/> Living away from home <input type="checkbox"/> City ()	
(5) Special exemptions	Single parent household	<input type="checkbox"/> No father <input type="checkbox"/> Death <input type="checkbox"/> Separation (Year Month) <input type="checkbox"/> No mother <input type="checkbox"/> Death <input type="checkbox"/> Separation (Year Month)	For single-parent households, please check the appropriate box for death of spouse or separation, and record the date of death or separation.		If they are living in an apartment or dormitory away from your parents, please check the box for living away from the family home and fill in the name of the municipality in which you live.
	Households with disabled persons	Relation () <input type="checkbox"/> Disabled <input type="checkbox"/> A-bomb Survivor (with disability) Certification number () Relation () <input type="checkbox"/> Disabled <input type="checkbox"/> A-bomb Survivor (with disability) Certification number ()	Please record the nature of your relationship and their certification number.		
Households affected by disasters, storm and flood damage, theft, etc.		Damage details			
Field to be completed by the university		Family members		Persons	
If you have suffered a disaster such as fire, windstorm, flood, or theft within one year prior to enrollment, please fill out this form attaching a record of disaster.		1: Yes 1: Yes		Persons	
Checked		Entered		Verification	