(Form 3)

Student Number											Furigana	
											Name	

Record of (expected) salary payment

To whom it may concern:

Beneficiary's name
Signature

Address

Please certify the following information regarding my salary, as this is necessary to apply for an admission and/or tuition fee waiver from Kanazawa University.

The following must be completed by the employer, not the applicant:

Date of employment	Year 20____ Month____ Day____		
Type of employment	* Full-time staff・Part-time staff・Other ( )		
Total payments for the past three months (Anticipated) Value (before deductions, excluding bonuses.)	Month	Month	Month
	¥ (Commuting allowance) ¥	¥ (Commuting allowance) ¥	¥ (Commuting allowance) ¥
Bonus payments (anticipated)	* With bonuses (equivalent to ____ months' salary) ・ No bonuses offered		

(Note) For columns with a "*", please circle the applicable answer.

I hereby certify the above to be correct:

Year Month Day

Address

Payroll manager Office name

Signature

Name