(Form 5-1)

Application	<u>n Form</u>	for KIT HD	MI Financial As	sistance:	
App	lication	n Fee Refund	d and Scholarshi	<u>p</u>	
*Submit this Form 5-1, together with Forms 5-2 and 5-3. 1. Applicant's Name /					
2. Course	Family na		First name(s)		
□B. TWO-year HDM	I Master	's Course			
□C. THREE-year HI	OMI Doct	oral Course			
3. Date of Birth		/ 19 Year			
4. Nationality					
5. Sex		🗆 Female			
6. Present status at the where you currently		sity where you	are currently enrolle	ed, or the institution	
7. Health □ excellent	□ good	□ fair	□ poor		
8. Address in Home Cou	untry				
Address Phone/Fax nun E-mail	nber		/		
9. Person to be notified Name	in the ap	plicant's home o	country, in case of em	nergency	
Relationship					
Address Phone/Fax nun E-mail	nber		/		
E-mail ■ Reference					

<u>Method of Support while in Japan</u>		
Supporter's name	(Relationship)
Address	Telephone No.	
Occupation (Employer)		
Annual income <u>JPY</u>		
Application Fee	JPY 30,000	

(Form 5-2)

2.

3.

4.

Application Form for KIT HDMI Financial Assistance:

Registration, matriculation Fee Waiver

Submission date: year_____ month___ day____

To the President of Kyoto Institute of Technology,

1. Applicant's prospective major

□ Master's Program of
<u>Graduate School of Science and Technology</u> Enrolled in 2017 B. TWO-year HDMI Master's Course
Doctoral Program of
<u>Graduate School of Science and Technology</u> Enrolled in 2017 C. THREE-year HDMI Doctoral Course
pplication number (to be filled in at KIT)
ame
Signature
ddress

Due to the financial reasons mentioned in the attached document, I hereby apply for an AY2018 Registration/matriculation Fee Waiver. I will attach necessary documents.* Whether selected for the half waiver or not, I will pay the required amount within 14

days of being notified of the reward result.

Registration/matriculation Fee JPY 282,000

If you are NOT approved for Registration/matriculation Fee Waiver, who will pay your expenses?

*You will be informed of any further necessary documents when you receive your acceptance letter.

(Form 5-3)

Application Form for KIT HDMI Financial Assistance:

Tuition Waiver

Submission date	9:	
year	month	day

To the President of Kyoto Institute of Technology,

1. Applicant's prospective major

	□ Master's Program of
	<u>Graduate School of Science and Technology</u> Enrolled in 2018 B. TWO-year HDMI Master's Course
	Doctoral Program of
	<u>Graduate School of Science and Technology</u> Enrolled in 2018 C. THREE-year HDMI Doctoral Course
2. Application nu	umber (to be filled in at KIT)
3. Name	
4. Address	Signature
5. Telephone nur	nber
an AY2018 tuitio Whether selec days of being not Annual Tuition	ancial reasons mentioned in the attached document, I hereby apply for n waiver. I will attach necessary documents.* ted for the half waiver or not, I will pay the required amount within 20 tified of the reward result. JPY 535,800 T approved for Tuition Waiver, who will pay your expenses?

*You will be informed of any further necessary documents when you receive your acceptance letter.