日本国政府法務省

Complete all forms by printing in **black** ink / ballpoint pen. For applicant, part 1 Ministry of Justice, Government of Japan

| 在留資格認定証明書交付申請書  APPLICATION FOR CERTIFICATE OF ELIGIBILITY  |          |
|---|----------|
| 東京 入国管理局長 殿   |          |
| 出入国管理及び難民認定法第7条の2の規定に基づき、次のとおり同<br>掲げる条件に適合している旨の証明書の交付を申請します。 Received a sized 4 cm high x 3 cm wide. Photo  |          |
| Pursuant to the provisions of Article 7-2 of the Immigration Control and Refugee Recognition of the certificate showing eligibility for the conditions provided for in 7, Paragraph 1, Item 2 of the said Act.  |          |
| 【 SNO.3>  |          |
| 3 氏名 Name  Far as shown on your passport. Family name should come first.  WANG, OOO   |          |
| 4 性 別 男 ・ 女 5 出生地 Changchun, Jilin, China Marital status Married / Single   | =        |
| 7 職 業<br>Occupation Beijing, China  |          |
| 9 日本における連絡先<br>Address in Japan   | _        |
| 電話番号 03-5286-3808   |          |
| 10 旅券 (1)番 号 G12345678 (2)有効期限 Date of expiration 20 × × 年 Month □ Day  |          |
| 11 入国目的(次のいずれか該当するものを選んでください。) Purpose of entry: check one of the followings □ I「教授」 □ I「教育」 □ J「芸術」 □ J「文化活動」 □ K「宗教」 □ L「報道」 "Professor" "Instructor" "Artist" "Cultural Activities" "Religious Activities" "Journalist"  |          |
| □ L「企業内転勤」 □ M「経営・管理」 □ L「研究(転勤)」  "Intra-company Transferee!" □ Researcher (Transferee)"   |          |
| □ N「研究」    N「技能」   This is intended date of entry, therefore you don't pes"   "Skilled Labor"   |          |
| □ N「特定活 need to arrive Japan on the exactly same date"Designated Ag you fill in here.   |          |
| Only as a guide, intended date of entry should "Dependent"   (No.13>   Please fill in the port/airport where you not of E   | PA)"     |
| □ T □ 日本 □ "Spouse or Ch □ □ 「高度専 □ For September Enrollees: after March 15th □ □ □ □ T □ T □ T □ Will first enter into Japan.  There are two international airports in □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □   |          |
| "Highly Skilled Professional(), Tokyo area; Narita and Haneda.  12 入国予定年月日 20×× 年 ■ 月 ●● 日 13 上陸予定港 Narita  |          |
| Date of entry  Date of entry  Port of entry  Port of entry  15 同伴者の有無   | _        |
| Intended length of stay Yes / No Accompanying persons, if any Yes / No Accompanying persons, if any Yes / No Accompanying persons, if any Yes / No  |          |
| Intended place to apply for visa  |          |
| 17 過去の出入国歴 Past entry into / departure from Japan (上記で『有』を選択した場合) (Fill in the followings when the answer is "Yes") If someone accompanies you when you enter Japan, please fin the numbers of the accompanying person(s) and   | ill      |
| 回数 3 回 直近の出入国歴 20 × × Year Month Day to 20 × Year Month Day Month Day to 20 × Year Month Day  | V        |
| 1 (No.17> And Andrews Andrew  | <u>-</u> |
| If you have visited Japan before, please write down the number of times of your entry and the 有 (無) Please be sure to check "Yes" or "No".  |          |
| period of your latest stay in Japan <u>correctly</u> .  Yes / No  回 直近の送還歴 年 月  | I        |
| (Fill in the followings when the answer is "Yes")time(s) The latest departure by deportation Year Month Dar 20 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者  |          |
| Family in Japan (Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents  在留力一下番号  続 柄 氏 名 生年月日 国 籍・地 域 同居予定 勤務先・通学先 特別永住者証明書番号   |          |
| Relationship Name Date of birth Nationality/Region Nationality/Region Place of employment/school Special Permanent Residence card number Special Permanent Resident Certificate in Place of employment/school Special Permanent Resident Certificate in Special Permanent Resident Permanent R | umber    |
| NONE はいいいえ<br>Yes/No  |          |
| はいいえ<br>Yes/No  |          |
| Ko.20>   はいいえ   Yes / No   Yes   |          |
| in Japan, please write down "NONE". If you do please fill out the row   |          |
| ※ 20につい do, piedse iiii out the tow. 「研修」、「技能実習」に係る申請の場合は記載不要です。  |          |

申請人等作成用 2 P (「留学」) 在留資格認定証明書用 For applicant, part 2 P ("Student") For certificate of eligibility 21 通学先 Place of study (1)名 称 Waseda University, Graduate School of Science and Engineering Name of school (3)電話番号 (2)所在地 3-4-1 Okubo, Shinjuku-ku, Tokyo 03-5286-3808 Address Telephone No. 22 修学年数(小学校~最終学歴) 年 16 Total period of education (from elementary school to last institution of education) Years 23 最終学歴(又は在学中の学校) Education (last school or institu ■ 卒業 □ 在学中 (1)在籍状況 Please write down the name of the last Registered enrollment Graduated In school Ter □ 大学院(修士) □ 大学院(博士) ■ 大学 university that you graduated from or are Doctor Master Bach expected to graduate from (apart from □ 中学校 □ 高等学校 schools/educational institutions in Senior high school Junior high school \_ementary so 月 (2)学校名 (3)卒業又は卒業見込み年月 201 × University of Beijing Name of the school Date of graduation or expected graduation Month Year 日本語能力(専修学校又は各種学校において日本語教育以外の教育を受ける場合に記入) anguage ability (Fill in the followings when the applicant plans to study at advanced vocational school or vocational school ese language)) 証明 Proof based on a Japanese language test Name of the test (2)級又は点数 Attained level or score 教育を受けた数字機関及び期間 Organization and period to have received Japanese Japanese language education ion まで <No. 24 & 25> rom Please leave these items blank 25 ucation history (Fill in the followings when the applicant plans to study in high school) 教育又は日本語による教育を受けた教育機関及び期間 and period to have received Japanese language education / received education by Japanese language <No. 26 (1)> [IMPORTANT] Total amount in this section must match the amount stated in the <No.26 (1)> "Living expenses (Monthly amount)" of the If you will receive any scholarships 26 滞在費の支升 "Agreement for Defraying Expenses". please be sure to fill it out. (1)支弁方法及 ■ 在外経 □ 本人負担 円 <del>70.000</del> Supporter living abroad Self Yen Yen □ 在日経費支弁者負担 ■ 奨学金 円 円 50,000 Supporter in Japan Yen Scholarship □その他 Щ <No.26 (2)> Please fill out the amount of money that you will < No.26 (3)(1) >ad or carrying monthly receive from your supporter. The supporter should be the 画 ■ 外国からの送金 핌 same as the person indicated on 120,000 the "Agreement for Defraying <No.26 (3)3> Expenses", and should have a <No.26 (3)(2)> Please write down both the regular income. Please make sure to fill occupation (title) and the (3)経費支弁者 Supporter out telephone number as name of the company where ①氏名 well as address. your supporter works for. WANG, OO Name ②住 所 電話番号 1\* Hao Zhong Guan Cun Ha √ Qu, Beijing ΌΟΟ-ΔΔΔ Telephone No. Address ③職業(勤務先の名称) 電話番号  $000-x \times x$ Manager / Waseda Corporation Occupation (place of employment) Telephone No. 4年 収

<No.26 (3)4> Please fill in the amount in Japanese yen.

3.000.000

Annual income

For applicant, part 3 P ("Student")

For certificate of eligibility

|  | 日経費支弁者負担を選択した場合に記入)   |
|--|---|
| Relationship with the applicant (Check one of the followings when yo   |   |
| □夫 □妻 ■父 □母 □祖父  | □ 祖母 □ 養父 □ 養母  |
| Husband Wife Father Mother Grandfathe  |   |
| □ 兄弟姉妹 □ 叔父 (伯父) ·叔母 (伯母)  | □ 受入教育機関 □ 友人·知人  |
| Brother / Sister Uncle / Aunt  | Educational institution Friend / Acquaintance   |
| □ 友人・知人の親族 □ 取引関係者・現場  |   |
| •  | ersonnel of local enterprise  |
| □ 取引関係者・現地企業等職員の親族   | □ その他( )  |
| Relative of business connection / personnel of local enterprise  | Others  |
| (5)奨学金支給機関(上記(1)で奨学金を選択した場   |   |
| Organization which provide scholarship (Check one of the following v   | vnen the answer to the question 26(1) is scholarship)   |
| ■ 外国政府 □ <no.26 (5)=""></no.26>  | achalarahina  |
| Foreign government Jap If you will receive any □ 公益社団法人又は公試please be sure to fill it   |   |
| D 公益性団法人又は公益 <b>please be sure to fill the</b> Public interest incorporated association /  |   |
| Public interest incorporated desociation?  Public interest incorporated foundation   | Others  |
| 27 卒業後の予定 Plans after graduation   |   |
| ■帰国 <no.27></no.27>  |   |
| Return to home country Please select one even if   | vou have not <sup>an</sup>  |
| □ 日本での就職 exactly decided your futur  | · ·   |
| Find work in Japan   |   |
| 28 本邦における申請人の監護人(通学先が中学校又  |   |
| Activardian in Japan (Fill in the following if the applicant is to students)   |   |
|  | 2)本人との関係  |
|  | Relationship with the applicant   |
|  | A1 00:  |
|  | :No.28>   |
|  | · · · · · · · · · · · · · · · · · · ·   |
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| Contificate of Eligibility   | v on behalf of you, DO NOT  |
| GINO.  | on behalf of you, DO NOT  |
| 29 E 法定代理人 Certificate of Eligibility gal representation sign your name and d  | on behalf of you, DO NOT ate here.  |
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| 法定代理人 Gertificate of Eligibility sign your name and d Waseda University wi 東京都新宿 号 No. 03-5286-3808  | y on behalf of you, DO NOT ate here. Il sign here on behalf of you. 関職員 国区大久保3-4-1 携帯電話番号   |
| 法定代理人 Gertificate of Eligibility sign your name and d Waseda University wi 東京都新宿 号 No. 03-5286-3808  | y on behalf of you, DO NOT ate here. Il sign here on behalf of you. 関職員 国区大久保3-4-1 携帯電話番号 Cellular Phone No.  |
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| 法定代理人 Certificate of Eligibility sign your name and d Waseda University wi 東京都新宿 :号 No. 1 2 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3  | y on behalf of you, DO NOT ate here. Il sign here on behalf of you. 関職員  国区大久保3-4-1  携帯電話番号 Cellular Phone No. I hereby declare that the statement given above is true and correct. Signature of the applicant (representative) / Date of filling in this form  |
| Accept Accep | y on behalf of you, DO NOT ate here. Il sign here on behalf of you. 関職員  国区大久保3-4-1  携帯電話番号 Cellular Phone No. I hereby declare that the statement given above is true and correct. Signature of the applicant (representative) / Date of filling in this form 年月日 Year Month Day   |
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| 法定代理人 Sign your name and d Waseda University wi 東京都新行 ラ 03-5286-3808   | y on behalf of you, DO NOT ate here. Il sign here on behalf of you.  選及大久保3-4-1  携帯電話番号 Cellular Phone No. I hereby declare that the statement given above is true and correct. Signature of the applicant (representative) / Date of filling in this form 年月日 Year Month Day  最合,申請人(代理人)が変更箇所を訂正し、署名すること。 dication form up until submission of this application, the applicant  |
| 法定代理人 Gertificate of Eligibility sign your name and d Waseda University wi 東京都新宿 場 03-5286-3808 日本   | y on behalf of you, DO NOT ate here. Il sign here on behalf of you.   |
| 法定代理人 Gertificate of Eligibility sign your name and d Waseda University wi 東京都新宿 : 号 03-5286-3808  | y on behalf of you, DO NOT ate here. Il sign here on behalf of you.  選及大久保3-4-1  携帯電話番号 Cellular Phone No. I hereby declare that the statement given above is true and correct. Signature of the applicant (representative) / Date of filling in this form 年月日 Year Month Day  最合,申請人(代理人)が変更箇所を訂正し、署名すること。 Dication form up until submission of this application, the applicant plication for Certificate of Eligibility Intire 5 pages of the Application Form (i.e.  |
| 法定代理人 Gal representation Sign your name and down Waseda University wi Waseda University wi   | y on behalf of you, DO NOT ate here. Il sign here on behalf of you.  選及大久保3-4-1  携帯電話番号 Cellular Phone No. I hereby declare that the statement given above is true and correct. Signature of the applicant (representative) / Date of filling in this form 年月日 Year Month Day  最合,申請人(代理人)が変更箇所を訂正し,署名すること。 Uication form up until submission of this application, the applicant plication for Certificate of Eligibility Intire 5 pages of the Application Form (i.e. nization) on A4 size papers. Please print  |
| 法定代理人 gal representation (1) 法定代理人 sign your name and down Waseda University wing 東京都新宿 号 No.  | r on behalf of you, DO NOT ate here. Il sign here on behalf of you.   |
| 大変   | y on behalf of you, DO NOT ate here. Il sign here on behalf of you.  選及大久保3-4-1  携帯電話番号 Cellular Phone No. I hereby declare that the statement given above is true and correct. Signature of the applicant (representative) / Date of filling in this form 年月日 Year Month Day  最合,申請人(代理人)が変更箇所を訂正し,署名すること。 Uication form up until submission of this application, the applicant plication for Certificate of Eligibility Intire 5 pages of the Application Form (i.e. nization) on A4 size papers. Please print  |
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| 大田   Certificate of Eligibility   Sign your name and d   Waseda University wi   Waseda University wi   F   O3-5286-3808   で表します。   で表します。   では、  | r on behalf of you, DO NOT ate here. Il sign here on behalf of you.    大久保3-4-1   |
| 大変   | r on behalf of you, DO NOT ate here. Il sign here on behalf of you.    大久保3-4-1   |

| 1  | organization, part 1 P ("Student")  |   |
|----|---|---|
|    | 入学する外国人の氏名<br>Name of the foreigner to enter school   | WANG, OOOO (Name in alphabet)   |
| 2  | 通学先 Place of Study  |   |
| _  | (1) 学   | eda University, Gri No. 1> Please write your name in alphabet. The spelling of  |
|    | (2)所在地<br>Address   | 3-4-1 your name must be the same as the one on your passport. Family name should come first.  |
|    | 電話番号 03-5286-3  | 3808  |
|    | (3)学校の種類 Classification of school   |   |
|    | ■ 大学院 □ 大学  | □ 短期大学 □ 専修学校(日本語教育以外)  |
|    | Graduate school University  | Junior college Advanced vocational school (except Japanese language school)   |
|    | □ 各種学校(日本語教育以外)   | □ 日本語教育機関   |
|    | Vocational school (except Japanese language   |   |
|    | □ 高等学校 □ 中学校 Senior high school Junior high sch   | □ 小学校 □ その他( ) ) lool Elementary school Others  |
|    | (4)授業形態 Type of class   | out Elementary School Guers   |
|    | ■ 昼間制 □ 昼夜間制  | □ 夜間制   |
|    | Day classes Day-Evening cl  |   |
|    |   | る遠隔授業を受ける場合に記入)   |
|    |   | ending remote classes that use two-way communication)   |
|    |   | 又はインターネット等による教育により取得できる場合を含む。)<br>receiving credits for education via video or internet)  |
|    | (5)教育を受ける校舎の所在地   |   |
|    | Add of the school where the applicant will  | be educated 3-4-1 Okubo, Shinjuku-ku, Tokyo   |
|    | 03-5286-3   | 3808  |
| _  | (6) 担当者名(通学先が専  |   |
|    |   | e that the place of study is an advanced vocational school,vocational school,   |
|    | chool or eleme  |   |
|    | (7) 計画のす  | で<br>の場合に記入)<br>有・無<br>Yes/No   |
|    |   | 1 <sub>0</sub> 0 (C) 0 (7) 0 0 4 <sub>5</sub>   |
|    | blace of study  | $NO. \ge (0) & (7). 3 & 4 \ge 0$  |
|    | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | No. 2 (6) & (7), 3 & 4>   |
|    | <sup>は地方公</sup> Please  |   |
|    | は地方公<br>or local govern<br>社団法人   | Joans the columne blank   |
| 2_ | <sup>は地方公</sup> Please  | e leave the columns blank. on P校法人 Educational foundation   |
| 3  | は地方公<br>or local govern<br>社団法人<br>terest incorpora   | e leave the columns blank.  on  |
| 3  | は地方公<br>or local govern<br>社団法人<br>terest incorpora   | e leave the columns blank. on P校法人 Educational foundation   |
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|    | 本地方公 or local govern 社団法人 terest incorpora  週間 寿間 Lesson hours per week 在籍区分 Registration   | E leave the columns blank.   □ 学校法人 Educational foundation  中 Year Month Day  □ 大学院 (修士)  □ 大学院 (研究生)   |
|    | は地方公。or local govern 社団法人 terest incorpora  週間 寿間 Lesson hours per week 在籍区分 Registration □ 大学院(博士) Doctor  | 全 leave the columns blank.  □ 学校法人 Educational foundation  □ 学校法人 Educational foundation  □ 大学院 (修士) Master  □ 大学院 (研究生) Graduate school (Research student) |
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|    | は地方公。or local govern 社団法人 terest incorpora  週間 等間 Lesson hours per week 在籍区分 Registration □ 大学院(博士) Doctor □ 大学(学部生) Undergraduate student □ 大学(別科生) University (Japanese language course student) □ 短期大学(学科生) Junior college (Traditional student) □ 高等専門学校  | # # # # # # # # # # # # # # # # # # #   |
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| 以」                      | 客は事実と相違                                       | 墓ありません。                     | I hereby       | y declare that the state | ment given above is tru     | e and correct.          |      |
| <del></del>             | 名,代表  | 表者氏名の記念                     | 名及び押印          | 1/申請書作成                  | <b>注</b> 年月日                |                         |      |
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