

Statement of Financial Resources

Nationality _____

Name _____

Date of Birth _____ Sex : (M ・ F) _____

Doctoral Course Graduate School of Advanced Mathematical Sciences
Mathematical Sciences ・ Frontier Media Science Program

Please put a check (✓) in the box(es) of applicable financial supporters that will cover your expenses during the period of study at Meiji University and indicate the amount to be supported.

| Financial supporter | Amount |
|---|---------------|
| <input type="checkbox"/> Applicant | ¥ _____ /year |
| <input type="checkbox"/> Relatives (Name of supporter : _____) (Relation with applicant : _____) (Address : _____) (TEL : _____) | ¥ _____ /year |
| <input type="checkbox"/> Government / Foundation (Name of scholarship : _____) | ¥ _____ /year |
| <input type="checkbox"/> Others (Details : _____) | ¥ _____ /year |
| Total amount : | ¥ _____ /year |

I pledge that above mentioned is true and correct.

Applicant's signature : _____ Date : _____