

Statement of Financial Resources

Full Name : _____

Date of Birth : _____ (Gender : M / F)
(yyyy/mm/dd)

理工学研究科/Graduate School of Science and Technology

Name of Program: _____

Name of Course: _____

Please check the boxes (☑) who will be the financial sponsor for the applicant while residing in Japan and write the annual amount in Japanese Yen which will be provided to you.

A	B
<input type="checkbox"/> by Applicant	¥ _____ / 1 year
<input type="checkbox"/> by Relative	¥ _____ / 1 year
<input type="checkbox"/> by Government or Foundation	¥ _____ / 1 year
<input type="checkbox"/> Other (_____)	¥ _____ / 1 year
Total :	¥ _____ / 1 year