

1	Date of Application	YY____, MM____, DD____					
2	Department	_____ School _____ College					
3	Examinee's Number	_____					
4	Student ID Number	2 0 2 6 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> ※ Entry not required					
5	Name	_____					
6	Application Category	(Please mark the application category and the reason for it)					

* "Financial reasons" is applicable only for admission fees deferment.

Mark ☐ of the Submitted application documents below.

- * International students must submit (a)

Submitted information may be inquired. Enter the applicant's contact below.

E-mail

For Admission fees exemption
(Submitted by all international students) Form 1

Date:

Declaration of Income and Expenditure Status

To: the President, University of Tsukuba

School: _____ College: _____

Name _____

Regarding application for admission fees exemption, I declare the following.

Enter the expected amount of monthly living expenses for an applicant after admission.

And in the case of all international students, enter the amount depending on the number of family members include self.

Number of family members: _____ (International students must count your spouse and children living in Japan including themselves.)

Income		Expenditure	
Scholarship(b)	Yen	Tuition (monthly amount) (a)	44,650 Yen
TA/RA Income(c)	Yen	School expense (Study/School Materials)	Yen
Income of the person himself/herself(d)	Yen	Food expense	Yen
Income of family financial supporter (spouse) (e)	Yen	Housing expense	Yen
From personal saving(f)	Yen	Utilities expense	Yen
Money sent from home, etc.(g)	Yen	Commutation and Transport expense	Yen
Other () (h)	Yen	Entertainment expense	Yen
() (i)	Yen	National Health Insurance fee	Yen
Scholarship loan () (j)	Yen	Cell-phone charges	Yen
Scholarship loan () (k)	Yen	Other ()	Yen
Income subtotal 1 ※Income ≥ Expenditures	Yen	Expenditure Total	Yen
収入小計 2	円	Other sources to cover shortage:	
備考	円		
計	円		
年額 (計 × 12)	円		

1. Please enter if a scholarship is received in current year.
2. Please do not write within the heavy-line frame.

Name	Affiliation
	School of
	College of

Summary of the documents about Income (Cover)

	Name	Relationship with Applicant	Submitted documents Circle the appropriate documents
1			Withholding certificate、Pay slip、Final tax returns、Petition of unemployed/ no income、Other ()
2			Withholding certificate、Pay slip、Final tax returns、Petition of unemployed/ no income、Other ()
3			Withholding certificate、Pay slip、Final tax returns、Petition of unemployed/ no income、Other ()
4			Withholding certificate、Pay slip、Final tax returns、Petition of unemployed/ no income、Other ()
5			Withholding certificate、Pay slip、Final tax returns、Petition of unemployed/ no income、Other ()
6			Withholding certificate、Pay slip、Final tax returns、Petition of unemployed/ no income、Other ()
7			Withholding certificate、Pay slip、Final tax returns、Petition of unemployed/ no income、Other ())
8			Withholding certificate、Pay slip、Final tax returns、Petition of unemployed/ no income、Other ()

※Persons who started a new job or changed their job after 2026 January attach pay slip for the past three months.

Monthly income (the monthly average of the past three months) as of the application date ×12 months is the estimated annual earnings.

For persons who changed their job during 2025, Withholding certificate ÷ number of month (employment period) ×12 months is the estimated annual earnings, also needs to submit a pay slip for the latest three months. (copy)

Submit by pasting on the A4 size blank paper after filling in attached documents above.

Attach A4 size document as it is, such as Final tax returns (the first sheet • the second sheet).

Name	Affiliation
	School of
	College of

Petition of unemployed • no income

Date:

To: the President, University of Tsukuba

I hereby state that I have no job and no income at present.

(Petitioner)

Name: _____

Relationship with the Applicant for exemption: _____

Previous occupation (_____)

Resignation (leaving your job) Date: _____ (Month/Day/Year)

Reason for resignation (leaving your job)

(_____)

※Notes

- Persons have no job and no income at the age 18 years old or more and less than 65 years old (except persons attending school) submit this petition.
- Students attending a general course of a vocational school and those attending other similar schools, including schools in the miscellaneous category (preparatory school, vocational training school or others) submit the student identification card (copy) and Income certificate and don't need to submit this petition.
- Persons without a regular job who have constant income by pension, etc. don't need to submit this petition.
- Persons needing long-term care, disabled persons, persons who get spouse deduction don't need to submit this petition.
- Though income amount is described in Income certificate, persons without a regular job as of the application date submit this petition.

申請者 Applicant

氏 名 Name	所 属 Affiliation
	学群/群 _____ 学類/類 _____ School of _____ College of _____

年収見込証明書(入学料免除等申請用)
Certificate of Expected Annual Income

給与事務担当者 殿
To: Person in charge of salary

筑波大学の入学料免除を申請しますので、下記について証明くださるようお願いいたします。
Because of requiring this certificate to apply for Admission Fees Exemption, I hereby request you to certify the following.

下記のとおり雇用していることを証明します。

記

就業者氏名 _____

業務内容 _____

雇用期間
_____年_____月_____日から _____年_____月_____日まで（予定）

支払金額（税込）

（１）１月当たり支払金額 _____ 千円（平均）

（２）年間支払総予定額 _____ 千円

※ 上記内容は、雇用期間または支払金額を約束するものではありません。

[証明者]

令和 _____ 年 _____ 月 _____ 日

会社等

氏 名

印

問合せ先：筑波大学学生部学生生活課 [Tel. 029 (853) 5959]

※ 本様式は、源泉徴収票(写)、給与明細書(直近３か月の写)が提出できない場合に使用します。

※ 年間支払総予定額を、入学料免除申請書の「⑨家族及び所得」の「給料、賃金、役員報酬、アルバイト」の欄に記入してください。

※ Please fill in annual payment total estimated amount in the colum of 「Salary, Wage, Executive Compensation, Part-Time Job」 of 「⑨Family and Income」 at Admission Fees Exemption Application Form

Name	Affiliation
	School of
	College of

Summary of the documents about Pension (Cover)

Pensioner Name () Relationship to applicant ()

Type of pension Circle the appropriate documents		Receipt amount /year
1	Welfare pension 、 Governmental pension 、 Survivor's pension 、 Disability pension 、 Mutual pension 、 Accident and sickness benefit 、 Other ()	Yen
2	Welfare pension 、 Governmental pension 、 Survivor's pension 、 Disability pension 、 Mutual pension 、 Accident and sickness benefit 、 Other ()	Yen
3	Welfare pension 、 Governmental pension 、 Survivor's pension 、 Disability pension 、 Mutual pension 、 Accident and sickness benefit 、 Other ()	Yen
4	Welfare pension 、 Governmental pension 、 Survivor's pension 、 Disability pension 、 Mutual pension 、 Accident and sickness benefit 、 Other ()	Yen
5	Welfare pension 、 Governmental pension 、 Survivor's pension 、 Disability pension 、 Mutual pension 、 Accident and sickness benefit 、 Other ()	Yen
6	Welfare pension 、 Governmental pension 、 Survivor's pension 、 Disability pension 、 Mutual pension 、 Accident and sickness benefit 、 Other ()	Yen
7	Welfare pension 、 Governmental pension 、 Survivor's pension 、 Disability pension 、 Mutual pension 、 Accident and sickness benefit 、 Other ()	Yen
Total amount of pension receipt		Yen

Calculation of total amount of pension receipt

※Payment notice : Fill in the total amount.

(Total amount is pension receipt amount × number of times of transfer in one year)

※Notice on revision of pension amount : Fill in the receipt amount for one year.

Submit by pasting on the A4 size blank paper after copying the Latest payment notice or the Latest notice on revision of pension amount showing pensioner name.

If there are plural applicable persons, fill in after copying this sheet.

授業料免除実施状況証明書(入学料免除等申請用)

Certificate of Tuition fees exemption Status

国 立 _____ 大学(校) 授業料免除等事務担当者 殿

(For students whose family members attend national school)

このたび、私の兄弟姉妹等②が、筑波大学の入学料免除申請に必要としますので、私①の授業料免除実施状況について、下記により証明願います。

[I, a student who is attending your school①, would like to request you to certify my tuition exemption status as follows, because my sibling/spouse attending the University of Tsukuba② requires this certificate to apply for Admission Fees Exemption.]

①貴学在学者〔証明を受ける者〕

Student of your school[the person who is certified]

学部・研究科等 (School)(Degree Program)		
学籍番号・年次 (Student ID Number)		年次 (Year)
(高専の場合のみ記入)	☐ 本科 ☐ 専攻科	
氏 名 (Name)		
通学区分 (Commuting from)	☐ 自宅通学 (Home) ☐ 自宅外通学 (Other)	

②筑波大学入学者〔免除申請者〕

Student of University of Tsukuba

受験番号 (Examinee's Number)	
氏 名	

※左欄①の証明を受ける者が筑波大学在学者である場合は、上記②免除申請者が下記証明欄 1. 及び 2. を記入し提出してください(証明者欄の記入は必要ありません)。

If ① is a student of the University of Tsukuba, ② must fill in certification boxes 1 and 2 below and submit. (It is not necessary to fill in the certifier column)

記

【以下学校担当者のご記入をお願いします。】

1 授業料免除の有無〔該当する記号に○をつけてください〕

ア. 令和7年度授業料が免除されている → 2の事項に記入願います。

イ. 令和7年度授業料が免除されていない

2 授業料免除実施状況(上記2で「ア」の場合にのみ記入してください。)

〔※は該当事項を○で囲み、免除実施額を記入してください〕

令和7年度授業料免除実施状況		授業料年額(基本額)
前 期 分	※ 全額免除	円
	・ 半額免除	円
後 期 分	※ 全額免除	円
	・ 半額免除	円

上記のとおり証明します。

令和 年 月 日

学 校 名

所 属

担当者氏名

印

Name	Affiliation
	School of
	College of

Detailed statement of medical expenses deduction for persons needing long-term care

1. Person needing long-term care

Name _____(Relationship to applicant)_____

2. Name of illness _____

3. The items **※Please attach the medical certificate(copy) without fail.**

Fill in the amount of each month.

Target period : February 2025 ~ January 2026

Receipt month	① Out-of-Pocket medical expense	Receipt month	① Out-of-Pocket medical expense
For February	Yen	For August	Yen
For March	Yen	For September	Yen
For April	Yen	For October	Yen
For May	Yen	For November	Yen
For June	Yen	For December	Yen
For July	Yen	For January	Yen
Total		①	Yen
② Amount to be compensated (high medical care cost)		②	Yen
Deductible medical expense ①－②		③	Yen

※Notes

Persons Needing Long-Term Care are those who have had long-term treatment for more than six months as of the application date or those who are recognized to need long-term treatment for more than six months.

Food cost at hospitalization, cost of a bed incurring an extra charge and document cost are not included in medical expenses at ①. Submit by pasting on the A4 size blank paper after copying receipt (written the name of person needing long-term care)

Fill in the amount of money that was refunded as high medical care cost from Health Insurance at ②. Submit by pasting on the A4 size blank paper after copying applicable documents. If there are plural applicable persons, fill in after copying this sheet.