

21 通学先 Place of study

(1) 名称 Name of school Waseda University
(2) 所在地 Address 1-104 Totsuka-machi, Shinjuku-ku, Tokyo
(3) 電話番号 Telephone No. 03-3203-4141

22 修学年数 (小学校～最終学歴)

Total period of education (from elementary school to last institution of education) 12 年 Years

23 最終学歴 (又は在学中の学校) Education (last school or institution) or present school

(1) 在籍状況 Registered enrollment
卒業 Graduated 在学中 In school 休学中 Temporary absence 中退 Withdrawal
大学院 (博士) Doctor 大学院 (修士) Master 大学 Bachelor 短期大学 Junior college 専門学校 Colleges of technology
 高等学校 Senior high school 中学校 Junior high school その他 (Others)

(2) 学校名 Name of the school Beijing High School
(3) 卒業年月日又は卒業見込み年月日 Date of graduation or expected graduation 2010 年 6 月 Year Month

24 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)

Japanese language ability (in case that the applicant plans to study at advanced vocational school or vocational school (except Japanese language))

日本語能力試験 [級合格] 日本語留学試験 (読解・聴解・聴読解の合計点) [点]
Japanese language proficiency test [passed Le] Examination for Japanese University (EJU) (except writing) [points]

BJTビジネス日本語能力テスト [点]
BJT Business Japanese Proficiency Test [points]

日本語教育を受けた教育機関及び期間 Organization and period to have received Japanese language education
機関名 Organization

期間: 年 月 から 年 月 まで
Period from Year Month to Year Month

その他: Others

25 日本語学習歴 (高等学校において教育を受ける場合に記入)

Japanese education history (Fill in the followings when the applicant plans to study in high school)

日本語の教育又は日本語による教育を受けた教育機関及び期間

Organization and period to have received Japanese language education / received education by Japanese language

機関名 Organization

期間: 年 月 から 年 月 まで
Period from Year Month to Year Month

26 滞在費の支弁方法等 Method of support to meet the expenses while in Japan

(1) 支弁方法及び月平均支弁額 Method of support and an amount of support per month (average)

本人負担 円 外国からの送金 120,000 円
Self Yen Remittance from abroad Yen

外国からの携行 円
Carrying from abroad Yen

(携行者) Who 携行時期 When)

在日経費支弁者負担 円 奨学金 円
Supporter in Japan Yen Scholarship Yen

その他 円
Others Yen

(2) 経費支弁者 Supporter

氏名 王大福 WANG, DA FU
Name 王大福 WANG, DA FU

住所 1* Hao Zhong Guan Cun Hai Dian Qu, Beijing 北京市海淀区中関村 1*号 電話番号 86-10-1111-11**
Address 北京市海淀区中関村 1*号 Telephone No. 86-10-1111-11**

職業 (勤務先の名称) Manager / Waseda Corporation 電話番号 86-10-1111-11**
Occupation (place of employment) Manager / Waseda Corporation Telephone No. 86-10-1111-11**

年収 5,000,000 円
Annual income 5,000,000 Yen

Please write down both the occupation (title) and the name of the company where your supporter works for.

The supporter should be the same as the person indicated on the "Written Oath for Defraying Expenses", And he/she should have a regular income.

(3) 申請人との関係 (上記(1)で外国からの送金、外国からの携行又は在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 the answer to the question 26(1) is remittance from abroad, carrying from abroad or supporter in Japan)

- | | | | | | | | |
|---|---------------|---|-----------------------|-------------|-----------------------|---------------|---------------|
| 夫 | 妻 | <input checked="" type="checkbox"/> 父 | 母 | 祖父 | 祖母 | 養父 | 養母 |
| Husband | Wife | Father | Mother | Grandfather | Grandmother | Foster father | Foster mother |
| 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 institute | | Friend / Acquaintance | | |
| 友人・知人の親族 | | 取引関係者・現地企業等職員 | | | | | |
| Relative of friend / acquaintance | | Business connection / Personnel 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 | | | | |

(4) 奨学金支給機関 (上記(1)で奨学金を選択した場合に記入)

Organization which provide scholarship (Check one of the following when the answer to the question 26(1) is scholarship)

- | | | |
|----------------------------|---------------------|------------------|
| 外国政府 | 日本国政府 | 地方自治体 |
| Foreign government | Japanese government | Local government |
| 公益法人 () | その他 () | |
| Public service corporation | Others | |

27 卒業後の予定 Plans after graduation

- | | |
|--|---|
| 帰国 | 日本での進学 |
| Return to home country | Enter school of higher education in Japan |
| <input checked="" type="checkbox"/> 日本での就職 | その他 () |
| Find work in Japan | Others |

Please leave the following columns blank.

28 申請人又は法定代理人若しくは法7条の2第2項に規定する代理人

Applicant, legal representative or the proxy in accordance with the provision of Article 7-2, Paragraph 2.

- | | |
|---------------------|---------------------------------------|
| (1) 氏名 | (2) 本人との関係 |
| Name _____ | Relationship with the applicant _____ |
| (3) 住所 | |
| Address _____ | |
| 電話番号 | 携帯電話番号 |
| Telephone No. _____ | Cellular Phone No. _____ |

以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct.

申請人(法定代理人等)の署名 Signature of applicant (legal representative or the proxy)

年 月 日
Year Month Day

29 申請取次者等 (申請取次者・弁護士・行政書士等による申請の場合に記入)

Agent or other (in case of an agent, lawyer, administrative scrivener or other)

- | | |
|---|---------------------|
| (1) 氏名 | (2) 住所 |
| Name _____ | Address _____ |
| (3) 所属機関等 | 電話番号 |
| Organization to which the agent belongs _____ | Telephone No. _____ |