

提出書類返還依頼書
Request Form for Return of Submitted Materials

依頼日： 年 月 日
Date of Request: Year Month Date

返還には1~2ヶ月が必要です。予めご了承ください。
One to two months may be required to return submitted materials.

志願者氏名： _____
Applicant's Name 姓(Family) 名(Given & Middle)

早稲田大学は再発行が可能な書類の返還は一切、行いません。具体的には公証書、成績証明書、推薦状など再発行が可能なものは返還しません。下記に返還を希望する書類とその書類が再発行できない理由を書いていただき、こちらで確認のうえ、再発行が不可能なものだと早稲田大学が判断したもののみ書類の返還を行います。

Waseda University never returns submitted documents which can be reissued, such as notarized certifications (Degree/Graduation certificates), transcripts, and recommendation letters. Please list all documents you wish us to return, if any, with reasons why they cannot be reissued.

返還希望書類と返還希望理由 (Submitted materials you wish us to return and reasons) :

提出書類の返還を希望する場合は、以下の文章をよく読み署名してください。

If you would like us to return any submitted materials, carefully read the statement below and provide your legal signature.

「提出書類の返還を希望します。また返還時の紛失・破損については早稲田大学に一切の責任はないことを承知します。」

I request the return of the materials listed below. I understand and agree that Waseda University has no responsibility for lost or damaged materials.

志望研究科	Desired Graduate School	
志望課程	Desired degree programs	
携帯電話番号	Mobile Number	

志願者署名： _____ 印
Applicant's Signature Seal (if available)

_____キリトリ線_____

郵便番号 Postal Code	〒
住所 Address	
志願者氏名 Name	(英字/Name in Alphabet)
	(フリガナ/Name in Katakana, if any)
	(漢字/Name in Chinese, if any) 様

<<返還書類在中>>

Recommendation Letter Form

Applicant's Name: _____
(Last) (First) (Middle)

1. How long and in what capacity have you known the applicant?

2. Please assess the suitability of this candidate's application to Waseda University. Elaborate on the applicant's characteristics such as motivation, diligence, and capabilities.

We appreciate additional information that will help us better understand the applicant including suitability for a rigorous university education.

Recommender's Name: _____
(Last) (First) (Middle)

Name of Institution: _____

Title: _____

Address: _____

Telephone: _____ E-mail: _____

Do you want the applicant to have access to this recommendation letter: Yes _____
No _____

Date(yyyy/mm/dd) _____

Signature: _____ Seal

TO RECOMMENDER: Please place this form in a sealed envelope with your signature over the seal and return it to the applicant. Thank you.

留学にかかる経費負担計画書 Statement of Source of Funds

氏名 Name in full	国籍 Nationality
出願研究科・学部名 Department	出願課程 Course
	<input type="checkbox"/> 修士 Master's Program <input type="checkbox"/> 博士 Doctoral Program <input type="checkbox"/> 科目等履修生 Research Student

あなたが早稲田大学に留学する間の総費用(入学から卒業まで)の支出元を明記してください。
Please indicate below the source and amount of funding throughout the period of your study at Waseda University.

ご参考：学費（各課程の修了年数分）に、生活費（年間約 150 万円）を加えた金額が必要となります。
Note: In addition to the tuition, you will need to budget about 1.5million yen for living expenses per year.

支出元 Sources of Financial Support	金額 (単位：円) Amount (in Japanese yen)
個人貯蓄 Personal savings	¥ _____
両親または親戚 Parent or sponsor (関係：) (Specify your relationship:)	¥ _____
政府またはその他財団 Government/ sponsoring agency (名称：) (Sponsor's name:) *奨学金受給証明書のコピーを提出してください。 *Please attach a copy of the scholarship award certificate.	¥ _____
その他 Others (詳細：) (Specific details:)	¥ _____
TOTAL:	¥ _____

上記に示しました内容に相違ないことを誓約いたします。

I hereby certify that all information on this statement is true and accurate and that the stated funds are available for my educational expenses at Waseda University.

学生氏名
Student's signature _____

日付
Date _____