

**Appendix 1**

Application Number (For office use only)

**Application Form for Screening Fee Waiver, 2019  
Waseda University**

Date of Application(YYYY/MM/DD) : \_\_\_\_\_

If you would like to apply for a screening fee waiver, please submit this application form with the other required documents. If you apply for a screening fee waiver, you are not required to pay the screening fee. Please note that you will not be reimbursed under any circumstances once the payment of screening fee has been made.

Name of the Undergraduate School/ Graduate School which you are applying :

\_\_\_\_\_

Applicant's Name : \_\_\_\_\_  
(Family) (Given & Middle)

Nationality 1 : \_\_\_\_\_

Nationality 2 (for applicants with dual nationality) : \_\_\_\_\_

Current Address : \_\_\_\_\_

Applicant's Signature : \_\_\_\_\_ Seal (if available)

[Eligible Countries]

Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Rep., Chad, Comoros, D.P.R.Korea, Democratic Republic of the Congo, Djibouti, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Laos, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Tanzania, Timor-Leste, Togo, Tuvalu, Uganda, Vanuatu, Yemen, Zambia, Zimbabwe