

在留資格認定証明書交付申請書 APPLICATION FOR CERTIFICATE OF ELIGIBILITY					
法務大臣殿 To the Minister of Justice					
出入国管理及び難民認定法第7条の2の規定に基づき、次のとおり同法第7条第1項第2号に掲げる条件に適合している旨の証明書の交付を申請します。 Pursuant to the provisions of Article 7-2 of the Immigration Control and Refugee Recognition Act, I hereby apply for the certificate showing eligibility for the conditions provided for in 7, Paragraph 1, Item 2 of the said Act.					
1 国籍・地域 Nationality/Region		2 生年月日 Date of birth			
Fill out your nationality		2000 年 x 月 x 日			
3 氏名 Name		4 性別 Sex			
WASEDA TARO		男 / Female			
5 出生地 Place of birth		6 配偶者の有無 Marital status			
Changchun, Jilin, China		有 / 無 Married / Single			
7 職業 Occupation		8 本国における居住地 Home town/city			
Student		Beijing, China			
9 日本における連絡先 Address in Japan					
東京都新宿区西早稲田1-6-1					
10 旅券 Passport		11 入国目的 Purpose of entry			
(1) 番号 Number		(2) 有効期限 Date of expiration			
XX123456789		20xx 年 x 月 x 日			
12 入国目的 (次のいずれか該当するものを選んでください。) Purpose of entry: check one of the following					
<input type="checkbox"/> I「教授」 "Professor" <input type="checkbox"/> L「企業内転勤」 "Intra-company Transferee" <input type="checkbox"/> N「技術・人文知識・国際業務」 "Engineer / Specialist in Humanities / International Services" <input type="checkbox"/> V「特定技能(1号)」 "Specified Skilled Worker (i)" <input type="checkbox"/> Y「技能実習(1号)」 "Technical Intern Training (i)" <input type="checkbox"/> R「家族滞在」 "Dependent" <input type="checkbox"/> T「日本人の配偶者等」 "Spouse or Child of Japanese National" <input type="checkbox"/> 高度専門職(1号イ) "Highly Skilled Professional(i)(a)"					
<input type="checkbox"/> J「芸術」 "Artist" <input type="checkbox"/> L「研究(転勤)」 "Researcher (Transferee)" <input type="checkbox"/> N「介護」 "Nursing Care" <input type="checkbox"/> V「特定技能(2号)」 "Specified Skilled Worker (ii)" <input type="checkbox"/> Y「技能実習(2号)」 "Technical Intern Training (ii)" <input type="checkbox"/> R「特定活動(研究活動等家族)」 "Designated Activities (Dependent of Researcher or IT engineer of a Designated org)" <input type="checkbox"/> T「永住者の配偶者等」 "Spouse or Child of Permanent Resident" <input type="checkbox"/> 高度専門職(1号ロ) "Highly Skilled Professional(i)(b)"					
<input type="checkbox"/> J「文化活動」 "Cultural Activities" <input type="checkbox"/> M「経営・管理」 "Business Manager" <input type="checkbox"/> N「技能」 "Skilled Labor" <input type="checkbox"/> O「興行」 "Entertainer" <input type="checkbox"/> Y「特定活動(研究活動等)」 "Designated Activities (Researcher or IT engineer of a designated org)" <input type="checkbox"/> P「留学」 "Student" <input type="checkbox"/> Y「技能実習(3号)」 "Technical Intern Training (iii)" <input type="checkbox"/> R「特定活動(EPA家族)」 "Designated Activities(Dependent of EPA)"					
<input type="checkbox"/> K「宗教」 "Religious Activities" <input type="checkbox"/> N「研究」 "Researcher" <input type="checkbox"/> L「報道」 "Journalist" <input type="checkbox"/> N「研究」 "Researcher" <input type="checkbox"/> Q「研修」 "Trainee" <input type="checkbox"/> U「その他」 Others					
13 上陸予定港 Port of entry		14 滞在予定期間 Intended length of stay			
Narita		1 year, 2-year or 3-year			
15 同伴者の有無 Accompanying persons, if any		16 査証申請予定地 Intended place to apply for visa			
有 / 無 Yes / No		Beijing			
17 過去の出入国履歴 Past entry into / departure from Japan		18 犯罪を理由とする処分を受けたことの有無 Criminal record (in Japan / overseas)			
有 / 無 Yes / No		有 / 無 Yes / No			
19 退去強制又は出国命令による出国の有無 Departure by deportation/departure order		20 在日親族 Family in Japan			
有 / 無 Yes / No		有 / 無 Yes / No			
21 続柄 Relationship		22 氏名 Name		23 生年月日 Date of birth	
NONE					
24 国籍・地域 Nationality/Region		25 同居予定の有無 Intended to reside with applicant or not		26 勤務先名称・通学先名称 Place of employment/school	
		有 / 無 Yes / No			
		有 / 無 Yes / No			
		有 / 無 Yes / No			
		有 / 無 Yes / No			
		有 / 無 Yes / No			
※ 20については、記載欄が不足する場合は別紙に記入して添付すること。なお、「研修」、「技能実習」に係る申請の場合は記載不要です。 Regarding item 20, if there is not enough space in the given columns to write in all of your family in Japan, fill in and attach a separate sheet. In addition, take note that you are not required to fill in item 20 for applications pertaining to "Trainee" / "Technical Intern Training".					

PHOTO REQUIREMENTS

1. 40mm x 30mm in dimension
2. Look straight ahead and face must be in full view.
3. No hat or head covering s except for religious or medical reasons.
4. Nothing in the background
5. Must be clearly printed
6. Color or black-and-white photograph
7. A copy of a photo is not acceptable
8. Photo must be taken within the last 3 months before submission
9. Write your name on the back side of your photo

3. NAME: Write your name in ENGLISH alphabet block letters . Please fill out exactly the same shown in your passport.

5. Place of birth and 8. Home town/city: The name of city and country (The name of country, city and province for China or Vietnam)

12. Date of entry: Please write the date (not too early )you plan to enter Japan. (It is tentative, so you do not have to arrive in Japan on the exact date.) Please note that your COE may not be issued in time of your planned date of entry. The recommended date for April enrollees will be during March and for September enrollees will be during August to beginning of September.

13. Port of Entry : Please write the airport at which you intend to arrive. If you plan to land in Tokyo, please write either "Narita" or "Haneda". It is just for reference for the Immigration Bureau. If you enter Japan from other airports, there will be no problem.

14. Intended length of stay: 1 year for research student, 2-year for Master student and 3-year for Doctor student . No other choices.

16. Intended place to apply for visa: Write the name of the location (city) of the Japanese embassy/consulate in your home country or country of residence that you plan to apply for your visa.

17. Past entry into/departure from Japan: If you are uncertain as to the exact number of entries, please write down "multiple" or "many". Please write down the EXACT DATES of your most recent stay in Japan.

20. Family in Japan: If you have no relatives, please fill out "NONE". If you have relatives in Japan, please fill out their information.

1. Please fill out in BLACK ink or type them. Do not use an erasable ink.
2. Print on one side of sheet only.
3. For the questions asking yes and no, make sure to select either . Do not leave it out.

21	通学先 Place of study (1)名称 Name of school 早稲田大学 (2)所在地 Address 東京都新宿区西早稲田1-6-1 (3)電話番号 Telephone No.
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 <input checked="" type="checkbox"/> 卒業 Graduated <input type="checkbox"/> 在学中 In school <input type="checkbox"/> 休学中 Temporary absence <input type="checkbox"/> 中退 Withdrawal <input type="checkbox"/> 大学院 (博士) Doctor <input type="checkbox"/> 大学院 (修士) Master <input type="checkbox"/> 大学 Bachelor <input type="checkbox"/> 短期大学 Junior college <input type="checkbox"/> 専門学校 College of technology <input checked="" type="checkbox"/> 高等学校 Senior high school <input type="checkbox"/> 中学校 Junior high school <input type="checkbox"/> 小学校 Elementary school <input type="checkbox"/> その他 Others (2)学校名 Name of the school OO High School (3)卒業又は卒業見込み年月 Date of graduation or expected graduation XXXX 年 X 月 Year Month
24	
25	
26	滞在費の支弁方法等 (生活費、学費及び家賃について記入すること。) ※複数選択可 Method of support to pay for expenses while in Japan (fill in with regard to living expenses, tuition and rent) * multiple answers possible (1)支弁方法及び月平均支弁額 Method of support and an amount of support per month (average) <input type="checkbox"/> 本人負担 Self <input type="checkbox"/> 在外経費支弁者負担 Supporter living abroad <input type="checkbox"/> 在日経費支弁者負担 Supporter in Japan <input type="checkbox"/> 奨学金 Scholarship <input type="checkbox"/> その他 Others (2)送金・携行等の別 Remittances from abroad or carrying cash <input type="checkbox"/> 外国からの携行 Carrying from abroad <input checked="" type="checkbox"/> 外国からの送金 Remittances from abroad (携行者) (携行時期) (携行額) (その他) Name of the individual carrying cash Date and time of carrying cash Others (3)経費支弁者 (複数人いる場合は全てについて記入すること。) ※任意様式の別紙可 Supporter (if there is more than one, give information on all of the supporters) / another paper may be attached, which does not have to use a prescribed format. ①氏名 WASEDA ICHIRO ②住所 1* Zhong Guan Cun, Hai Dian Qu, Beijing, China ③職業 (勤務先の名称) Accountant/△△Corp. ④年収 fill out in Japanese yen Telephone No. Must fill out Telephone No. Must fill out

Do not forget to fill out this part

23. Education or present school: Please select your education status and write down the name of the last school that you have graduated from or expected to graduate.

No need to fill out Section 24 and 25.

26. (1) Method of support and an amount of support per month Please select how you will cover your expenses in Japan and fill out the monthly tuition and living expenses combined. For a year expense, we recommend at least 3 million JPY, so the monthly amount will be 250,000 JPY. Self : If you will cover your expenses on your own fill out here. Supporter living abroad: If someone( parents or relatives )will cover your expenses. Supporter in Japan: If someone living in Japan covers your expenses. Scholarship : If you are receiving scholarship. Others: If you are receiving living expenses in your Union Pay Card, etc., write the monthly amount in "others" and write "Union Pay Card" in the margin.

(2) Remittances from abroad or carrying cash  
Carrying from abroad": Please fill out if you will be carrying cash.  
Remittances from Abroad: If someone (parents or relatives) will pay for you, please fill out here.

(3) Supporter  
Supporter's name must be the same as person described in the "Certificate of Deposit". Please submit the "Agreement for Defraying Expenses" as well if someone will cover your expenses. If you will be covering your expenses on your own, you will need to fill out your information here. If you do not have an annual income, please fill out your deposit amount.

(4) 申請人との関係 (上記(1)で在外経費支弁者負担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 your answer to the question 26(1) is supporter living abroad or Japan)

- ☐ 夫 ☐ 妻 ☒ 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 institution 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

(5) 奨学金支給機関 (上記(1)で奨学金を選択した場合に記入) ※複数選択可

Organization which provide scholarship (Check one of the following when the answer to the question 26(1) is scholarship) \* multiple answers possible

- ☐ 外国政府 ☐ 日本国政府 ☐ 地方公共団体  
Foreign government Japanese government Local government
- ☐ 公益社団法人又は公益財団法人 ( ) ☐ その他 ( )  
Public interest incorporated association / Others  
Public interest incorporated foundation

Select your plan at the time of application

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
- ☐ 日本での就職 ☐ その他 ( )  
Find work in Japan Others

28 本邦における申請人の監護人 (通学先が中学校又は小学校の場合に記入)

Actual guardian in Japan (Fill in the following if the applicant is to study at a junior high school or elementary school)

(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.

29 申請人, 法定代理人, 法第7条の2第2項に規定する代理人

Applicant, legal representative or the authorized representative, prescribed in Paragraph 2 of Article 7-2.

(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(代理人)の署名/申請書作成年月日

Signature of the applicant (representative) / Date of filling in this form

No signature is required

年 月 日  
Year Month Day

注 意 申請書作成後申請までに記載内容に変更が生じた場合, 申請人(代理人)が変更箇所を訂正し, 署名すること。  
Attention In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (representative) must correct the part concerned and sign their name.

※ 取次者 Agent or other authorized person

(1) 氏名 (2) 住所  
Name Address

(3) 所属機関等 Organization to which the agent belongs 電話番号 Telephone No.

1 入学する外国人の氏名  
Name of the foreigner to enter school

PLEASE FILL OUT YOUR NAME IN ENGLISH (ALPHABET)

2 通学先 Place of Study

(1) 学校名

Name of School

早稲田大学

(2) 所在地

Address

東京都新宿区大久保3-4-1

電話番号

Telephone No.

03-5286-3808

(3) 法人名

Corporation name

学校法人早稲田大学

(4) 法人番号(13桁)

Corporation no. (combination of 13 numbers and letters)

5 0 1 1 1 0 5 0 0 0 9 5 3

(5) 授業形態 Type of class

☐ 昼間制

☐ 昼夜間制

☐ 夜間制

Day classes

Day Evening classes

Evening classes

☐ サテライト制(双方向通信による遠隔授業を受ける場合に記入)

Satellite program (fill in this box when attending remote classes that use two-way communication)

☐ 通信制(単位の一部をビデオ又はインターネット等による教育により取得できる場合を含む。)

Correspondence course (including cases receiving credits for education via video or internet)

(6) 生活指導担当者名(通学先が専修学校、各種学校、中学校又は小学校の場合に記入)

Name of the resident adviser in Japan (in case that the place of study is an advanced vocational school, vocational school,

junior high school or elementary school)

(7) 学生交換計画の有無及び当該計画の策定主体

有・無

(通学先が高等学校、中学校又は小学校の場合に記入)

Yes / No

Is the applicant participating in a student exchange program? Which organization is in charge of that program?

(when the place of study is senior high school, junior high school or elementary school)

☐ 国又は地方公共団体の機関

☐ 独立行政法人

☐ 国立大学法人

☐ 学校法人

National or local government

Incorporated administrative agency

National university corporation

Educational foundation

☐ 公益社団法人又は公益財団法人

☐ その他( )

Public interest incorporated association or public interest incorporated foundation

Others

3 入学年月日

Date of entrance

年

月

日

Year

Month

Day

4 週間授業時間(予定を含む。)

Lesson hours per week (including scheduled lessons)

時間

hour

5 在籍区分 Registration

☐ 大学院(博士)

☐ 大学院(修士)

Doctor

Master

☐ 大学院(研究生/専ら聴講によらない)

Graduate school (Research student / not study through auditing courses exclusively)

☐ 大学院(研究生/専ら聴講による)

Graduate school (Research student / study through auditing courses exclusively)

☐ 大学(学部生)

☐ 大学(聴講生・科目等履修生)

☐ 大学(別科生)

Undergraduate student

University (Auditor elective course student)

University (Japanese language course student)

☐ 大学(研究生/専ら聴講によらない)

University (Research student / not study through auditing courses exclusively)

☐ 大学(研究生/専ら聴講による)

University (Research student / study through auditing courses exclusively)

☐ 短期大学(学科生)

☐ 短期大学(聴講生・科目等履修生)

☐ 短期大学(別科生)

Junior college (Regular student)

Junior college (Auditor elective course student)

Junior college (Japanese language course student)

☐ 高等専門学校

☐ 専修学校(専門課程)

☐ 専修学校(高等課程)

Technical school

Advanced vocational school (Specialized course)

Advanced vocational school (Higher course)

☐ 専修学校(一般課程)

☐ 各種学校

Advanced vocational school (General course)

Miscellaneous school

☐ 日本語教育機関(専修学校専門課程)

Japanese language institution (Advanced vocational school of specialized course)

☐ 日本語教育機関(専修学校一般課程)

Japanese language institution (Advanced vocational school of general course)

☐ 日本語教育機関(準備教育課程)

Japanese language institution (Preparatory courses)

☐ 日本語教育機関(各種学校)

Japanese language institution (Miscellaneous school)

☐ 日本語教育機関(その他)

Japanese language institution (Others)

☐ 高等学校

Senior high school

☐ 中学校

Junior high school

☐ 小学校

Elementary school

☐ その他( )

Others

6 学部・課程 Faculty / Course  
(5で大学院, 大学, 短期大学(いずれも聴講生・科目等履修生及び研究生の場合を含む)を選択した場合に記入)  
(Check the following item(s) if you selected Doctor, Master, Graduate school (Research student), Undergraduate student, University (Auditor elective course student), University (Research student), Junior college (Regular student) or Junior college (Auditor elective course student) as your answer to question 5)

<input type="checkbox"/> 法学 Law	<input type="checkbox"/> 経済学 Economics	<input type="checkbox"/> 政治学 Politics	<input type="checkbox"/> 商学 Commercial science	<input type="checkbox"/> 経営学 Business administration	<input type="checkbox"/> 文学 Literature
<input type="checkbox"/> 語学 Linguistics	<input type="checkbox"/> 社会学 Sociology	<input type="checkbox"/> 歴史学 History	<input type="checkbox"/> 心理学 Psychology	<input type="checkbox"/> 教育学 Education	<input type="checkbox"/> 芸術学 Science of art
<input type="checkbox"/> その他人文・社会科学 (Others(cultural science/ social science))			<input type="checkbox"/> 理学 Science	<input type="checkbox"/> 化学 Chemistry	<input checked="" type="checkbox"/> 工学 Engineer
<input type="checkbox"/> 農学 Agriculture	<input type="checkbox"/> 水産学 Fisheries	<input type="checkbox"/> 薬学 P			
<input type="checkbox"/> その他自然科学 (Others(natural science))		<input type="checkbox"/> 体育学 Sports science	<input type="checkbox"/> その他 (Others)		

MAKE SURE THAT ENGINEER IS SELECTED

7 所属予定の研究室 (5で大学院を選択した場合に記入)  
Research room (Fill in the following item(s) if you selected Doctor, Master or Graduate school (Research student) as your answer to question 5)

(1)研究室名  
Name of research room \_\_\_\_\_

(2)指導教員氏名  
Name of mentoring professor \_\_\_\_\_

8 専門課程名称 (5で高等専門学校〜各種学校を選択した場合に記入)  
Name of specialized course (Check the following item(s) if you selected "Technical school" through to "Miscellaneous school" as your answer to question 5)

<input type="checkbox"/> 工業 Engineering	<input type="checkbox"/> 農業 Agriculture	<input type="checkbox"/> 医療・衛生 Medical services / Hygienics	<input type="checkbox"/> 教育・社会福祉 Education / Social welfare	<input type="checkbox"/> 法律 Law
<input type="checkbox"/> 商業実務 Practical commercial business	<input type="checkbox"/> 服飾・家政 Dress design / Home economics	<input type="checkbox"/> 文化・教養 Culture / Education	<input type="checkbox"/> その他 (Others)	

9 仲介業者又は仲介者 (5で日本語教育機関を選択した場合に記入)  
Name of intermediary agency or person (Fill in the following item(s) if you selected Japanese language institution as your answer to question 5)

(1)名称  
Name \_\_\_\_\_

(2)本国政府による登録番号 (ベトナムの場合に記入)  
Registration number issued by the government (Fill in the following item if the applicant is a Vietnamese national) \_\_\_\_\_

10 卒業までの年月 (予定) Scheduled period of education until graduation \_\_\_\_\_ 年 \_\_\_\_\_ 月  
(交換留学生の場合, 交換留学受入満了までの年月) \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)  
(If the applicant is an exchange student, fill in the scheduled period of education until the end of the exchange)

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.  
通学先又は所属機関名, 代表者氏名の記入及び押印/申請書作成年月日  
Name of the place of study or organization and representative, and official seal of the organization / Date of filling in this form

早稲田大学 理工学術院長 竹内淳  
印 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日  
Seal \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day

注意 Attention  
申請書作成後申請までに記載内容に変更が生じた場合, 所属機関等が変更箇所を訂正し, 押印すること。  
In cases where descriptions have changed after filling in this application form up until submission of this application, the organization must correct the part concerned and press its seal on the correction.