

Application for Kumamoto university Financial support for Ph.D

Day /Month /Year

To: Kumamoto University President

I hereby apply for a scholarship based on the Kumamoto University Doctoral Program Financial Support System (KFD). I certify that the statement below is true and correct.

Applicant: Affiliation/Year: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Contact (Phone no.) : \_\_\_\_\_

Note

※ Matters to confirm

I confirm that none of the following cases (1-7) is true. → : please check

- 1) I am receiving an amount equivalent to my living expenses for more than two months this semester through a program provided by the Ministry of Education, Culture, Sports, Science and Technology.
- 2) Due to project (1), tuition fees are completely waived.
- 3) My employer will pay my full tuition for this semester.
- 4) I am receiving a scholarship from Kumamoto University that is more than the equivalent of this semester's tuition fees.
- 5) I am receiving a scholarship that prohibits or restricts concurrent use.
- 6) I have been enrolled in Kumamoto University for longer than the standard enrollment period stipulated in Article 7 of the Graduate School Regulations.  
 \*If there is an unavoidable reason, please describe the reason specifically.  
 ( \_\_\_\_\_ )
- 7) I received disciplinary action during this year.

I am currently applying for support systems that fall under 1), 2), and 4) above.

( Yes / No ) : Please select

\*If you select "Yes," please enter the system you are applying for in the table below, and circle the appropriate number to indicate what you will do if your application is adopted by both systems. \*None of these can be used together with KFD.

Supprt system name	Choice of support
	1. I decline the system listed on the left. 2. I decline the KFD
	1. I decline the system listed on the left. 2. I decline the KFD
	1. I decline the system listed on the left. 2. I decline the KFD

If you have anything to add, please write below.

( \_\_\_\_\_ )