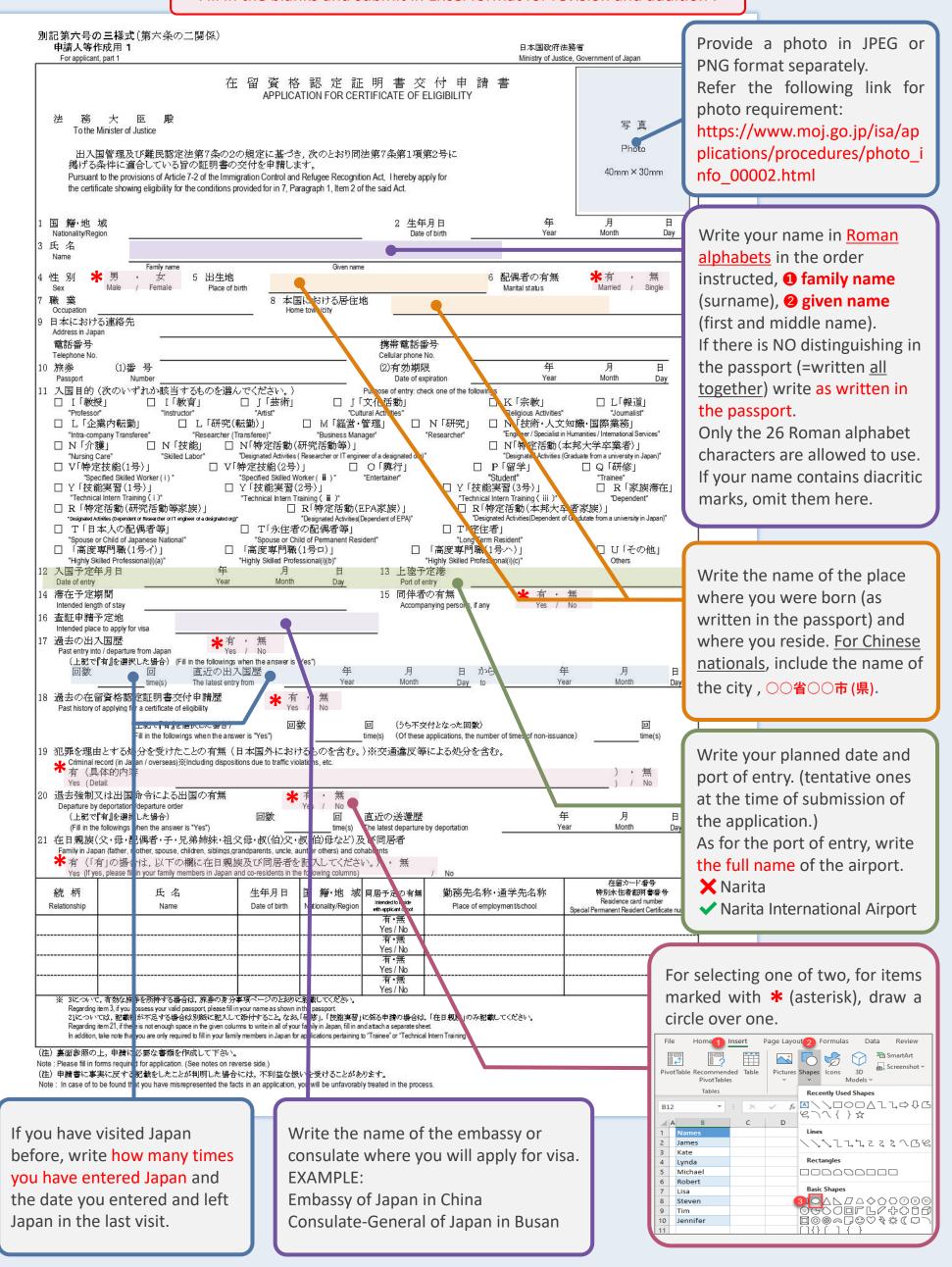
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## Fill in the blanks and submit in Excel format for revision and addition .

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Please convert the amount into JPY (Japanese yen).

## Fill in the blanks and submit in Excel format for revision and addition .

申請人等作成用 3 P(「留学」) For applicant, part 3 P ("Student")		在留資格認定証明書		
(3)申請人との関係 (上記(1)で在外経費支弁者負 Relationship with the applicant (Check one of the followin				
□夫 □妻 □父 □母	□ 祖父 □ 祖母	□ 養父 □ 養母		
□ 兄弟姉妹 □ 叔父(伯父)			Leanner	
	Educational insti 引関係者・現地企業等職員	tution Friend / Acquain	tance	
□ 取引関係者・現地企業等職員の親加		)	If you a	re to receive
Relative of business connection / personnel of loca (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)※複数選択可			ship during the stay in make sure to fill in.
Organization which provide scholarship (Check one of th	□ 地方公共団体	s scholarship) " multiple answers possible	Japan, I	
Foreign government Japanese government		□ その他( Others	)	
29 卒業後の予定 Plans after graduation	7 H + - 5 A Y + Y + Y		Choose	your plan after
□ 帰 国 Return to home country	Enter school of higher education in Japan			g a degree in Japan. If
□ 日本での就職 □ Find work in Japan	] その他( Others	•		ose "others," write you o the "Others" column.
30 本邦における申請人の監護人(通学先が中 Actual guardian in Japan (Fill in the following if the applica	- (4) 1 Ty 6 Ty	school)		hange students,
(1)氏 名 Name	(2)本人との関係 Relationship with the a			"Return to home
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Address 電話番号	携帯電話番号			
Telephone No. 31 申請人, 法定代理人, 法第7条の2第2項に	Cellular Phone No. 規定する代理人	=		
Applicant, legal representative or the authorized representat				
Name	Relationship with the a	applicant		
(3)住 所 Address				
電話番号 Telephone No.	携帯電話番号 Cellular Phone No.			
以上の記載内容は事実と相違る	ありません。 Thereby declare that t	he statement given above is true and correct		
申請人(代理人)の署名/申請書作成年	产月日 Signature of the applic	cant (representative) / Date of filling in this fo	orm	
	Do not fill out.	年 月 Year Month	日 Day	
注 意 申請書作成後申請までに記載内容に変申請書作成年月日は申請人(代理人)が Attention In cases where descriptions have changed after filli	自署すること。		must some at the	
Attention In cases where descriptions have changed after filli part concerned and sign their name.  The date of preparation of the application form mus		s аррисанон, ше аррисані (тергезепіануе)	must confect the	
※ 取次者 Agent or other authorized person				
(1)氏名 Name	(2)住 所 Address			
(3)所属機関等 Organization to which the age	nt belongs	電話番号 Telephone No.		