《Soka University International Student Application for Academic Fee Exemption》

1. Applicant							
N					Student No.		
Name					Birthday	vear /	month / date
					Sex	Male	• Female
Address					Nationality		
		F	amily M	lember In	formation	1	
Relation ship	Name		Age	Осс	Occupation/Post		Siblings who studying in Soka University
Total Househo Statement Income of Mame:	Annual Id Income of the father:	Local Currency (ur	nit):		tionship to the ap		as a cerumeate for
Income:							
*You must su Otherwise, yo 3. Declaration If either of your Homemaker	ubmit the pur application for no incur parents do r	oroof of annual on will not be accome tot have income, pleas	income fo eccepted. se state the reas	rm at least o ons and have he/sh • Health reason	ne of your partners in e sign on the bottom. Other (rents or fir	eturn certificate, etc.) nancial supporte
						-	Soka University'
academic fee	-				- 1 -		·
Date (year/mo	nth/date):	led to the Universit	Applican	t (signature):	ive and communic	cation purpos	es only. The

University will handle all information in accordance with the school's regulation on the protection of personal information.

^{*} If we find a false declaration, we will request the refund for the scholarship.