To Soka University President,

\*Application Number

**Statement of Financial Eligibility**

Applicant’s Name:

Nationality:

Date of Birth: Gender: Female / Male (circle one)

I hereby agree to become the financial supporter of the above applicant during his/her stay in Japan and declare that the information given in this form is true and correct.

1. Relationship to the applicant and how you have become his/her financial supporter
2. I agree to become the above applicant’s financial supporter during his/her stay in Japan and declare to support him/her as follows:

1) Tuition: 260,000 yen per year (Admission fee and the registration fee per year)

2) Living expenses: 60,000　 yen per month (Average monthly cost of living in Japan)

3) Means of payment (i.e. remittance, bank transfer, etc):

Upon his/her application for visa extension, I will present documents (i.e. copy of remittance statement or bankbook) to certify my financial eligibility to support the applicant.

Name: 　 　　　 Signature:

(print)

Date:

Relationship to the applicant:

Address: 　　　　Phone Number: