**経費支弁書**

**Letter of Financial Support**

**順天堂大学大学院**

**医学研究科長　　殿**

To: Juntendo University Graduate School of Medicine Dean

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **氏名：**Name of Applicant |  |  | **国籍：**Nationality |  |
| **生年月日：**Date of Birth |  | **年**Year |  | **月**Month |  | **日**Day | **□ 男** Male**□ 女** Female |

記

私は、この度上記の者が日本国に入国、及び貴大学在学中の経費支弁者になりましたので、下記の通り経費支弁の引き受け経緯を説明するとともに、経費支弁について誓約します。

I will support the above applicant during his/her stay in Japan and during the period of his/her attendance at Juntendo University. The statement below lists my reason for support and support details:

**１．経費支弁の理由及び引き受け経緯**Reason for Support

|  |
| --- |
|  |

**２．経費支弁内容と方法**Support Details

上記の者が在留期間更新を行う際には、送金証明書または本人名義の預金通帳（送金事実、経費支弁事実が記載されたもの）の写し等で経費支弁事実を明らかにする書類を提出します。

Should the applicant extend his/her period of residence，I will submit one of the following forms of proof: a copy of a certificate of remittance or a bank account statement in the applicant’s name, which will certify the act of financial support and prove the applicant’s living expenses are supported.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| (1) | 学費： |  | 円／半年・年間 | (2) | 生活費：月額 |  | 円 |
| Tuition | JPY / Semiannual・Annual | Living Expenses: Monthly Amount | JPY |
| (3) | 支弁方法：（送金、振込、携行等具体的な実施方法） |
| Method of Support (Explain how you plan to provide support. For example: remittance, bank transfer, etc.) |
|  |
|  | **年**Year |  | **月**Month |  | **日**Day |

**経費支弁者**Supporter**：**

|  |  |
| --- | --- |
| 住所： |  |
| Address |
| 電話： |  | 氏名（署名）： |  | ㊞ /Seal/Signature |
| Telephone No. | Name (Signature) |
|  | 支弁受給者との関係： |  |
| Relationship to Applicant |

以上