Special Assistance Application Form

To: President of Kyoto University of Advanced Science

Date of Application (YYYY/MM/DD):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have been affected by a disaster to which the Disaster Relief Act applies and wish to apply for special dispensation as follows.

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID Number |  | Faculty  (Graduate School) |  |
| Kana |  | | |
| Student Name |  | | |
| Current Address | 〒 | | |
| Phone Number ― ― Mobile Number ― ― | | |
| Contact Address | 〒 | | |
| Phone Number ― ― Mobile Number ― ― | | |
| kana |  | | |
| Guarantor Name |  | | |
| Guarantor Address | 〒 | | |
| Phone Number ― ― Mobile Number ― ― | | |
| Disaster Description | (Please provide details about how the disaster affected you.) | | |
| Reason for Application | (Please check (☑)the reason for application.)  □ Guarantor (Parent) passed away  □ Guarantor’s (Parent’s) house was totally destroyed, severely damaged, partially damaged, or flooded above floor level. s  □ Others | | |
| Certificate to be submitted | (Please check (☑) the certificate to be submitted.)  □ Certificate of Death (Copy) □ Disaster Victim Certificate (Copy) | | |