　　　　　　　　　　　　　　　　[Form 1]

Application for Kumamoto University Doctoral Course Scholarship

Day /Month /Year

To: Kumamoto University President

I hereby apply for the scholarship program, Kumamoto University Doctoral Course Scholarship Program (KDS), having obtained a recommendation from my advisor. I certify that the statement below is true and correct.

　Applicant:　Affiliation/Year:

　　　　　　 Student ID Number:

Name:

　　　　　 　Contact（Phone no.）:

　　　　　　　　　　　　　　　　　　　　Note

　※ Matters to confirm

I confirm that none of the following cases (1-5) is true. → □: please check

1) I have been granted another scholarship or financial support (including prospective recipient case), the existing grant or scholarship prohibits or restricts you from receiving the financial support of this scholarship program.

\*In the case that (1) is true, describe the contents of restrictions in detail.

( )

2) I receive the amount equivalent to living expenses for a period over two months of this semester through a project such as the MEXT to motivate students to go on to the doctoral program.

3) Due to the project of (2), I am exempted from the tuition fee in full.

4) I have been enrolled for more than the standard period stipulated in Article 7 of the Kumamoto University Graduate School Regulations.

\*If there is a reason that cannot be attributed to you, described the contents of the reason in detail.

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5) I have a stable income (more than 2.4 million yen per year) and can concentrate on my research activities.

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| Recommendation from advisor |

　　　　　　Affiliation:

　　　　　　Title:

　　　　　　Name:　　　　　　　　　　　　　　　　　　　 (Seal)

Reason(s) for recommendation:

(In the box above, please describe the reason(s) why you recommend the student, e.g. an excellent result on the entrance examination, academic performance, or research activities during the preceding year. If you need more space, please use a separate sheet of paper.)