

Application for Exemption of Application Fees

Date:

To President of Hiroshima University

(Applicant)

Examinee's Number (Fill in by the university)

Name

School / Graduate School

Type of Admission

Address

Phone

I hereby submit this form along with related documents to apply for Application Fees.
I certify the accuracy and truthfulness of the information contained therein.

Applicable disaster name (Please fill in the name and date of the disaster.)

The name of the disaster:

The date of the disaster:

A disaster situation (Please check the corresponding part.)

- Completely destroyed Substantially damaged Moderately damaged
- The main household supporter is deceased or missing