

## 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 an Application Fees.

I certify the accuracy and truthfulness of the information contained therein.

Applicable disaster name

\* Please circle the appropriate number.

If it falls 2, fill in the name and date of the disaster.

1 The Torrential Rains in July 2018

2 Any of the disasters that happened in or after August 2019 and to which the Disaster Relief Act was applied

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