

## How to Fill in the Application for Certificate of Eligibility

Please read through carefully as you complete filling in the application form.

“For applicant, part 1”, all sections MUST be filled in.

No. 1, 2, 3, 5 and 10: Please make sure every information is in strict correspondence with your passport.

No. 4, 6, 15, 17, 18 and 19: Please circle the suitable one.

No. 8: Please write in your precise address.

No. 11: Please check “P (Student)”.

No. 12 and 13: If your plan hasn't been fixed at this point, please put the following date and port as a tentative schedule:

Date of entry: 20\*\*/03/31 (for spring starters), 20\*\*/09/27 (for fall starters)

Port of entry: Kansai International Airport

No. 14: If you are to study for one semester, please answer “6 months”.

No. 20: If you have no family or co-residents in Japan, please answer “none”.

“For applicant, part 2”, Please leave No. 24 and 25 blank.

No. 21 (1)-(3): If you are a graduate student, please change the Name of school to “神戸大学大学院国際文化学研究科” or “神戸大学大学院人間発達環境学研究科”. If you choose “神戸大学大学院人間発達環境学研究科”, Address and Telephone No. are “〒657-8501 神戸市灘区鶴甲3-11” and “078)803-7924”.

No. 22: Please note that “Total period of education” refers to the beginning of elementary school through the expected graduation from your university.

No. 23 (1): Please tick two sections:

1. Graduated / In school / Temporary absence / Withdrawal
2. Doctor / Master / Bachelor / ... / Others

No. 26: (1) Please fill in the monthly amount. The amount must be at least 100,000 Yen. (2) If you are to carry cash from your country, please fill in the total amount, however, it is highly recommended NOT to carry cash; please be advised to fill in the monthly remittances (in Yen). (3) Please answer each information of your supporter(s).

“For applicant, part 3”, Only No. 26 and 27 needs to be filled in.

No. 26: If you have supporter(s) and/or have obtained scholarship, please tick (4) and/or (5).

Please note that an attachment of proof such as a copy of recent bank statement, bank book, certificate of the scholarship, etc. will be mandatory. This is to prove that all expenses while in Japan can be covered.

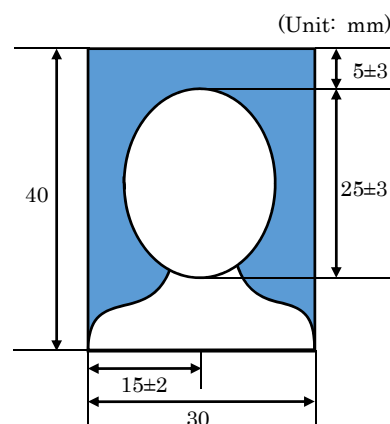
No. 27: Please fill in your plans after the exchange program.

No. 28 and signature: Please leave this space blank.

## Photo Requirements for the Application

Immigration Bureau of Japan states below requirements of your photo on the Application for Certificate of Eligibility.

1. Photo that shows the applicant him/herself alone
2. Photo of the dimensions specified in the right drawing, excluding the photo's outer border (the dimension of the face refers to the portion from the top of the head [including the hair] to the lower end of the chin)
3. The person should face squarely to the front without hats, caps or head coverings.  
(Except for head coverings worn for religious reasons)
4. No background or shadows
5. Must be clear in focus
6. Must be taken within three (3) months prior to submission.



You can find the specifications on page 4 of the [Japanese](#), [English](#), [simplified Chinese](#), [traditional Chinese](#), [Korean](#), [Spanish](#) and [Portuguese](#) brochures regarding the residency management system issued by the Immigration Bureau of Japan. Please refer to the below url:  
[http://www.immi-moj.go.jp/newimmiact\\_1/en/point\\_1-2.html](http://www.immi-moj.go.jp/newimmiact_1/en/point_1-2.html)

Please note that with unacceptable photos, the application form itself CANNOT be submitted. For photo sizing purpose only, you may send your digital photo to below contact for confirmation:  
[gsp-info@fgh.kobe-u.ac.jp](mailto:gsp-info@fgh.kobe-u.ac.jp)

別記第六号の三様式(第六条の二関係)

申請人等作成用 1

For applicant, part 1

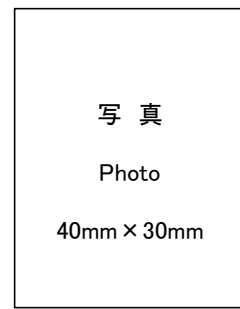
日本国政府法務省

Ministry of Justice, Government of Japan

在留資格認定証明書交付申請書
APPLICATION FOR CERTIFICATE OF ELIGIBILITY

To the Director General of 大阪/Osaka 入国管理局長 殿
Regional Immigration Bureau

出入国管理及び難民認定法第7条の2の規定に基づき、次のとおり同法第7条第1項第2号に掲げる条件に適合している旨の証明書の交付を申請します。
Pursuant to the provisions of Article 7-2 of the Immigration Control and Refugee Recognition Act, I hereby apply for the certificate showing eligibility for the conditions provided for in 7, Paragraph 1, Item 2 of the said Act.



1 国籍・地域 Nationality/Region CANADIAN
2 生年月日 Date of birth 1994 年 Year 5 月 Month 15 日 Day

3 氏名 Name FAMILY NAME GIVEN NAME [MIDDLE NAMES] (Please fill in your name as printed on passport)

4 性別 Sex 男 Male / 女 Female
5 出生地 Place of birth CANADA, MONTREAL
6 配偶者の有無 Marital status 有 Married / 無 Single

7 職業 Occupation STUDENT
8 本国における居住地 Home town/city 88 CANADA OLYMPIC ROAD SW, CALGARY

9 日本における連絡先 Address in Japan 〒657-8501 神戸市灘区鶴甲1-2-1 神戸大学国際人間科学部鶴甲第一キャンパス事務課教務学生係
電話番号 Telephone No. 078-803-7530
携帯電話番号 Cellular phone No. leave here blank

10 旅券 Passport (1) 番号 Number ABC100000 (2) 有効期限 Date of expiration 2022 年 Year 12 月 Month 1 日 Day

11 入国目的 (次のいずれか該当するものを選んでください。) Purpose of entry: check one of the followings
I 「教授」 "Professor"
I 「教育」 "Instructor"
J 「芸術」 "Artist"
J 「文化活動」 "Cultural Activities"
K 「宗教」 "Religious Activities"
L 「報道」 "Journalist"
L 「企業内転勤」 "Intra-company Transferee"
M 「投資・経営」 "Investor / Business Manager"
L 「研究(転勤)」 "Researcher (Transferee)"
N 「研究」 "Researcher"
N 「技術」 "Engineer"
N 「人文知識・国際業務」 "Specialist in Humanities / International Services"
N 「技能」 "Skilled Labor"
N 「特定活動(イ・ロ)」 "Designated Activities ( a/b )"
O 「興行」 "Entertainer"
P 「留学」 "Student"
Q 「研修」 "Trainee"
Y 「技能実習(1号)」 "Technical Intern Training ( i )"
R 「家族滞在」 "Dependent"
R 「特定活動(ハ)」 "Designated Activities ( c )"
R 「特定活動(EPA家族)」 "Dependent of EPA"
T 「日本人の配偶者等」 "Spouse or Child of Japanese National"
T 「永住者の配偶者等」 "Spouse or Child of Permanent Resident"
T 「定住者」 "Long Term Resident"
U 「その他」 "Others"

12 入国予定年月日 Date of entry 2019 年 Year 3 月 Month 3 日 Day
13 上陸予定港 Port of entry KANSAI INTERNATIONAL AIRPORT

14 滞在予定期間 Intended length of stay 1 YEAR
15 同伴者の有無 Accompanying persons, if any 有 Yes / 無 No

16 査証申請予定地 Intended place to apply for visa CALGARY

17 過去の出入国歴 Past entry into / departure from Japan 有 Yes / 無 No
(上記で『有』を選択した場合) (Fill in the followings when the answer is "Yes")
回数 2 回 time(s) 直近の出入国歴 The latest entry from 2015 年 Year 12 月 Month 28 日 Day から 2016 年 Year 1 月 Month 3 日 Day

18 犯罪を理由とする処分を受けたことの有無 (日本国外におけるものを含む。) Criminal record (in Japan / overseas)
有 (具体的内容) Yes (Detail: ) 無 No

19 退去強制又は出国命令による出国の有無 Departure by deportation / departure order 有 Yes / 無 No
(上記で『有』を選択した場合) (Fill in the followings when the answer is "Yes")
回数 回 time(s) 直近の送還 The latest departure by deportation 年 Year 月 Month 日 Day

20 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者 Family in Japan (Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents

Table with 7 columns: 続柄 Relationship, 氏名 Name, 生年月日 Date of birth, 国籍・地域 Nationality/Region, 同居予定 Intended to reside with applicant or not, 勤務先・通学先 Place of employment/school, 在留カード番号 特別永住者証明書番号 Residence card number Special Permanent Resident Certificate number. Row 1 contains 'NONE'.

※ 20については、記載欄が不足する場合は別紙に記入して添付すること。なお、「研修」、「技能実習」に係る申請の場合は記載不要です。
Regarding item 20, if there is not enough space in the given columns to write in all of your family in Japan, fill in and attach a separate sheet.
In addition, take note that you are not required to fill in item 20 for applications pertaining to "Trainee" / "Technical Intern Training".

(注) 裏面参照の上、申請に必要な書類を作成して下さい。 Note: Please fill in forms required for application. (See notes on reverse side.)

21 通学先 Place of study  
 (1) 名称 神戸大学 国際人間科学部  
 Name of school

(2) 所在地 〒657-8501 神戸市灘区鶴甲1-2-1 (3) 電話番号 078-803-7530  
 Address Telephone No.

22 修学年数 (小学校～最終学歴) Total period of education (from elementary school to last institution of education) 17 年  
 Years

23 最終学歴 (又は在学中の学校) Education (last school or institution) or present school  
 (1) 在籍状況  卒業  在学中  休学中  中退  
 Registered enrollment Graduated In school Temporary absence Withdrawal  
 大学院 (博士)  大学院 (修士)  大学  短期大学  専門学校  
 Doctor Master Bachelor Junior college College of technology  
 高等学校  中学校  その他 ( )  
 Senior high school Junior high school Others

(2) 学校名 UNIVERSITY OF X (3) 卒業又は卒業見込み年月日 2021 年 6 月 20 日  
 Name of the school Date of graduation or expected graduation Year Month Day

24 日本語能力 (専修学校又は各種学校において日本語教育以外の教育を受ける場合に記入)  
 Japanese language ability (Fill in the followings when the applicant plans to study at advanced vocational school or vocational school (except Japanese language).)  
 試験による証明 Proof based on a Japanese language test  
 (1) 試験名 leave blank (2) 級又は点数 leave blank  
 Name of the test Attained level or score

日本語教育を受けた教育機関及び期間 Organization and period to have received Japanese language education  
 機関名 leave blank  
 Organization  
 期間: \_\_\_\_\_ 年 \_\_\_\_\_ 月 から \_\_\_\_\_ 年 \_\_\_\_\_ 月 まで  
 Period from Year Month to Year Month

その他 leave blank  
 Others

25 日本語学習歴 (高等学校において教育を受ける場合に記入)  
 Japanese education history (Fill in the followings when the applicant plans to study in high school.)  
 日本語の教育又は日本語による教育を受けた教育機関及び期間  
 Organization and period to have received Japanese language education / received education by Japanese language  
 機関名 leave blank  
 Organization  
 期間: \_\_\_\_\_ 年 \_\_\_\_\_ 月 から \_\_\_\_\_ 年 \_\_\_\_\_ 月 まで  
 Period from Year Month to Year Month

26 滞在費の支弁方法等 Method of support to pay for expenses while in Japan  
 (1) 支弁方法及び月平均支弁額 Method of support and an amount of support per month (average)  
 本人負担 \_\_\_\_\_ 円  在外経費支弁者負担 100,000 円  
 Self Yen Supporter living abroad Yen  
 在日経費支弁者負担 \_\_\_\_\_ 円  奨学金 \_\_\_\_\_ 円  
 Supporter in Japan Yen Scholarship Yen  
 その他 \_\_\_\_\_ 円  
 Others Yen

(2) 送金・携行等の別 Remittances from abroad or carrying cash  
 外国からの携行 \_\_\_\_\_ 円  外国からの送金 100,000 円  
 Carrying from abroad Yen Remittances from abroad Yen  
 (携行者 \_\_\_\_\_ 携行時期 \_\_\_\_\_ )  その他 \_\_\_\_\_ 円  
 Name of the individual carrying cash Date and time of carrying cash Others Yen

(3) 経費支弁者 Supporter  
 ① 氏名 NAME OF YOUR SUPPORTER(S)  
 Name  
 ② 住所 88 CANADA OLYMPIC ROAD SW, CALGARY 電話番号 +1 403 xxx xxx  
 Address Telephone No.  
 ③ 職業 (勤務先の名称) ENGINEER (ABC Co. Ltd.) 電話番号 +1 403 yyy yyy  
 Occupation (place of employment) Telephone No.  
 ④ 年収 5,000,000 円  
 Annual income Yen

- (4)申請人との関係 (上記(1)で在外経費支弁者負担又は在日経費支弁者負担を選択した場合に記入)  
 Relationship with the applicant (Check one of the followings when your answer to the question 26(1) is supporter living abroad or Japan.)
- 夫  妻  父  母  祖父  祖母  養父  養母  
 Husband Wife Father Mother Grandfather Grandmother Foster father Foster mother
- 兄弟姉妹  叔父(伯父)・叔母(伯母)  受入教育機関  友人・知人  
 Brother / Sister Uncle / Aunt Educational institution Friend / Acquaintance
- 友人・知人の親族  取引関係者・現地企業等職員  
 Relative of friend / acquaintance Business connection / Personnel of local enterprise
- 取引関係者・現地企業等職員の親族  その他 ( )  
 Relative of business connection / personnel of local enterprise Others

- (5)奨学金支給機関 (上記(1)で奨学金を選択した場合に記入)  
 Organization which provide scholarship (Check one of the following when the answer to the question 26(1) is scholarship)
- 外国政府  日本国政府  地方公共団体  
 Foreign government Japanese government Local government
- 公益社団法人又は公益財団法人 ( )  その他 ( )  
 Public interest incorporated association / Public interest incorporated foundation Others

- 27 卒業後の予定 Plans after graduation
- 帰国  日本での進学  
 Return to home country Enter school of higher education in Japan
- 日本での就職  その他 ( )  
 Find work in Japan Others

- 28 申請人, 法定代理人, 法第7条の2第2項に規定する代理人  
 Applicant, legal representative or the authorized representative, prescribed in Paragraph 2 of Article 7-2.

(1)氏名 leave blank (2)本人との関係 受入機関職員  
 Name Relationship with the applicant

(3)住所 〒657-8501 神戸市灘区六甲台町1-1  
 Address

電話番号 078-803-5264 携帯電話番号 \_\_\_\_\_  
 Telephone No. Cellular Phone No.

以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct.  
 申請人(代理人)の署名/申請書作成年月日 Signature of the applicant (representative) / Date of filling in this form

年 月 日  
 Year Month Day

注意 申請書作成後申請までに記載内容に変更が生じた場合, 申請人(代理人)が変更箇所を訂正し, 署名すること。  
 Attention In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (representative) must correct the part concerned and sign their name.

※ 取次者 Agent or other authorized person

(1)氏名 \_\_\_\_\_ (2)住所 \_\_\_\_\_  
 Name Address

(3)所属機関等 \_\_\_\_\_ 電話番号 \_\_\_\_\_  
 Organization to which the agent belongs Telephone No.