

SAMPLE

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

To the Director General of 東京 Regional Immigration Bureau
入国管理局長 殿

写真

Photo

30mm

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いたします。
Pursuant to the provisions of Article 7-2 of the Immigration Control and Refugee Recognition Act, I am applying for the certificate showing eligibility for the conditions provided for

Write your name as it appears on your passport (family name, first name, middle name)

1 国籍・地域 Nationality/Region Ireland 生年月日 Date of birth 1990 Year 12 Month 30 Day

3 氏名 Name TOYO TARO MASANORI

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

7 職業 Occupation 本国における居住地 Home town/city 123-A, Main street, Dublin, Ireland

Move the circle to the applicable one.

Include street address, city, and country.

9 日本における連絡先 Address in Japan 〒112-8606 東京都文京区白山5-28-20 東洋大学国際教育センター

10 旅券 Passport (1)番号 Number MM234567 (2)有効期限 Date of expiration 2025 Year 12 Month 30 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" J「教育」 "Instructor" K「宗教」 "Religious Activities" L「報道」 "Journalist"
L「企業内転勤」 "Intra-company Transferee" M「経営・管理」 "Business Manager" L「研究(転勤)」 "Researcher (Transferee)"
N「研究」 "Researcher" N「技術・人文知識・国際業務」 "Engineer / Specialist in Humanities / International Services" N「技能」 "Skilled Labor"

Please fill out the intended arrival date. Tentative official arrival dates are September 10 and 11. It does not matter if the date will be changed afterwards.

Please fill in your intended study period (i.e. 4 years: Bachelor's program, 2 years: Master's program, or 3 years: Doctoral program, etc.)

Narita, Haneda or other

12 入国予定年月日 Date of entry 2019 Year 9 Month 10 Day 13 上陸予定港 Port of entry Narita airport

14 滞在予定期間 Intended length of stay 2year/3year/4year 15 同伴者の有無 Accompanying persons, if any 有 Yes / 無 No

Please make sure to circle the appropriate response. If you have been to Japan before, please fill out the number of times and duration of visit.

16 査証申請予定地 Intended place to apply for visa Dublin, Ireland

17 過去の出入国歴 Past entry into / departure from Japan 有 Yes / 無 No

回数 3 time(s) 直近の出入国歴 The latest entry from 2009 Year 12 Month 1 Day から 2009 Year 12 Month 20 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 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

If you have family in Japan, please fill out. If not please do not change.

20 在日親族(父・母・配偶者・子・兄弟) Family in Japan (Father, Mother, Spouse, Son, Daughter, Brother, Sister)

| 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 |
|-----------------|---------|--------------------|--------------------------|---|------------------------------------|--|
| | なし | | | はい/いいえ Yes / No | | |
| | | | | はい/いいえ Yes / No | | |
| | | | | はい/いいえ Yes / No | | |
| | | | | はい/いいえ Yes / No | | |

※ 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".

21 通学先 Place of study
 (1)名称 Name of school **東洋大学**
 (2)所在地 Address 〒112-8606 東京都文京区白山5-28-20 (3)電話番号 Telephone No. 03-3945-7224

22 修学年数 (小学校～最終学歴) Total period of education (from elementary school to last institution of education) **16** 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 小学校 その他 ()
 Senior high school Junior high school Elementary school Others

(2)学校名 Name of the school **ABC University** (3)卒業又は卒業見込み年月 Date of graduation or expected graduation **2020** 年 **3** 月
 Year Month

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 Name of the test (2)級又は点数 Attained level or score

日本語教育を受けた教育機関の名称
 Organization Name
 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 **40,000** 円 Yen 在外経費支弁者負担 **80,000** 円 Yen
 Self Supporter living abroad
 在日経費支弁者負担 _____ 円 Yen 奨学金 _____ 円 Yen
 Supporter in Japan Scholarship
 その他 _____ 円 Yen
 Others

(2)送金・携行等の別 Remittances from abroad or carrying cash
 外国からの携行 _____ 円 Yen 外国からの送金 **80,000** 円 Yen
 Carrying from abroad Remittances from abroad
 (携行者 Name of the individual carrying cash _____ 携行時期 Date and time of carrying cash _____) その他 _____ 円 Yen
 Others

(3)経費支弁者 Supporter
 ①氏名 Name **Toyo Ichiro**
 ②住所 Address **5-28-20 Hakusan Tokyo 112-8606** 電話番号 Telephone No. **+81-3-0000-0000**
 ③職業 (勤務先の名称) Occupation (place of employment) **Professor (ABC University)** 電話番号 Telephone No. **+81-3-0000-0000**
 ④年収 Annual income **5,000,000** 円 Yen

If you bring your own money from your country to Japan, please select this column and fill out the amount you will use each month.

If your supporter lives in Japan, please select this column and fill out the amount you will receive per month.

If anyone (yourself, your parents etc.) bring you money from overseas, please fill in these columns.

If the individual supporting you lives outside Japan, please select this column and fill in the amount you will receive from your supporter per month.

If you receive any scholarships, please fill out the amount you receive per month.

If you receive money from overseas, please select this column and fill in the amount per month during your study period.

Please fill in this space with your supporter's information if you select 'Supporter living abroad' or 'Supporter in Japan' in Q.26. If you support by yourself, please write "Applicant" in the name box and fill out other information. If you do not have a job, please fill in this space with the amount of your bank balance. i.e. "bank balance 2,000,000YEN"

Please select the space that indicates how you will support yourself while living in Japan and fill out the correct. (You can select multiple columns.)

(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 / Others
- Public interest incorporated foundation

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

← Choose one

28 本邦における申請人の監護人(通学先が中学校又は小学校の場合に記入)

Actual guardian in Japan (Fill in the following if the applicant is to study at a junior high school or elementary school)

- (1)氏名 (2)本人との関係
- Name Relationship with the applicant
- (3)住所
- Address
- 電話番号 携帯電話番号
- Telephone No. Cellular Phone No.

29 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 (2)本人との関係
- Name Relationship with the applicant
- (3)住所 〒112-8606 東京都文京区白山5-28-20
- Address
- 電話番号 携帯電話番号
- Telephone No. Cellular Phone No. なし

以上の記載内容は事実と相違ありません。
申請人(代理人)の署名/申請書作成年月日

I hereby declare that the statement given above is true and correct.
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.