## 2024 Academic Year Ritsumeikan Asia Pacific University Domestic Student Dormitory Fee Reduction Application Form

For office use only (受付番号)

				(3) Enrollment Period:  April  September					
					(4) Application Type:				
(1) Nam	ne				□Planning to apply ( )				
					□Already applied ( )				
				(5)	Already accepted ( )				
Date o	of Birth		(Y) / (M) /	(D)	Already completed the 1st Enrollment Procedures (				
(2) Name of school, educational institution, etc.					$\Box$ Planning to enroll ( )				
2 - ductio	(	- 1X At	/Day (Y) / (M) /	(D)	(5) College: College of Asia Pacific Studies College of International Management				
$\label{eq:Graduation} \mbox{ (or expected) } _{\mbox{Vear} \ /\mbox{Month} \ /\mbox{Day}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $				(D)	□College	of Sustainability and Tourism			
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Appli					Home Phone: (	)			
Addr	ress				Cell Phone: ( )				
(7	7)	ᆕ	-		E-mail: @				
	Guardian's				Home Phone: ( )				
Addr	ress				Cell Phone: (	)			
		Relationship	Name	Age	Current Occupation	Place of employment and position	Circle	Circle if applicable	
	γ	Father					Living together /	Living apart for work /	
	nber						Living apart	Divorced / Deceased	
	mer	Mother					Living together /	Living apart for work /	
	mil⁄						Living apart Living together /	Divorced / Deceased	
	Non-sutudent family members						Living together /		
	inder						Living together /		
tus	ns-I						Living apart		
(8) Family status	Nor						Living together /		
amily							Living apart		
8) F <sub>i</sub>							Living together /		
Ŭ							Living apart		
		Relationship	Name	Age		tly Attending (As of April 2023)	Years of Stydy	Residence while enrolled	
					National     Public			□ At home	
	uts				Private			Away from home	
	Students				□ National			□ At home	
	Ś				Public     Private			□ Away from home	
					National			□ At home	
					<ul><li>Public</li><li>Private</li></ul>			Away from home	
I decla	re the a	bove inform	nation to be true.	<u>.</u>					
			Pacific Universtiy Dean of Stud	dent Aff	airs				
(9) Date: (Y) / (M) / (D)				(10) [Signature]					
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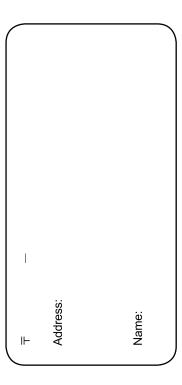
## Form B

## **Address Form**

Please write your name and address in the box to the right and submit this form with your application.

Important Note:

%Please specify an address where you will be able to receive notifications from APU regarding scholarship selection results.



This line is for office use. Do not detach this section – submit the entire form intact

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