Application for Residence

Date:

To President of Shimane University

Department Major and grade which applicant belongs:

　　　　 　　Faculty/Graduate School Department

（Student ID number）

Date of Birth (year) (month) (day)

Name：　　　　　　　　　　　　　　　　 Sex M / F

Present Address：

E-mail ：

I hereby apply for admission to Shimane University Dormitory.

I will pledge to follow all the regulations of the dormitory and live there being well-mannered and cooperative.

■Please enter the numbers 1-3 in the order in which you wish to enter the dormitory.

(　　)**BuildingB（Ready to move in from November）**

(　　)**BuildingB (Ready to move in from December)**

(　　)**BuildingC (Ready to move in from November)**

■Shimane University accepts some short-term students from our international partner universities in July. We plan to let the short-term students share rooms with Shimane University students in **Building B,** so that we can provide them with not only reasonable accommodations but also opportunities of international communication. Applicants for **Building B** must agree that they will live with a short-term student in the same room during that period.

　**Do you agree to share your room with a short-term student in the same room in July?**

　　　I Agree　　　　　 　I disagree

■If you will study at Shimane University supported by any scholarship, please fill out the following area.

|  |  |  |
| --- | --- | --- |
| Name of the Scholarship | Monthly Stipend | Period of the scholarship |
|  |  | From　　　　　to　 |

■If you had lived in the dormitory before, please fill out the period.

(From year month To year month)