International Division of Shimane University

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Application for Residence

Date:

To President of Shimane University

Department Major and grade which applicant belongs:

　　　　　　　　　　Faculty Department

（Student ID number）

Name：　　　　　　　　　　　　　　　　 Sex M / F

Present Address：

Phone No.：

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.

■Number of recruited international students

Male 　　　 Building B 5 Rooms

Female 　　Building B 7 Rooms

■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)