International Division of Shimane University

Tel:+81(0)-852-32-6106 E-mail:ied-ryugaku@office.shimane-u.ac.jp

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（Write A, B, or C where you want to live on the following area.）

 Male 　Building A: 2 room , Building B: 4 rooms , Building C: 2 rooms

Female　Building A: 2 room , Building B: 5 rooms , Building C: 3 rooms

■Desired building

　First choice building 　,Second choice building 　,Third choice building

■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)