

Letter of Guarantee

year month day

Guarantor

Name (Chinese Characters)	Name (English Alphabet)	Date of Birth	Sex (Male/Female)	Nationality	Place of Birth	Relationship to the Applicant

Current Address		Postal Code	Phone Number
Country	Detailed Address		

As the applicant's guarantor, I hereby certify that I take full responsibility to pay any and all costs resulting from the applicant's misconduct, tuition fees, and school expenses, and any other debts incurred during his/her attendance period at your university.

Applicant

Expected Enrollment Date	School/Graduate School of Economics

Name (Chinese Characters)	Name (English Alphabet)	Date of Birth	Sex (Male/Female)	Nationality

Current Address		Postal Code	Phone Number
Country	Detailed Address		

- Note: 1. In principal, a guarantor must be a parent, or a brother or sister of the applicant.
 2. The change of guarantor should be reported quickly to the dean of the school/graduate school.
 3. This form must be filled out in the guarantor's own handwriting.

入学志願者健康診断書
(Physical Examination Certificate)

ふりがな Hiragana					受付番号 (No.)
氏名 Name	男・女 (Male・Female)				
生年月日 Date of Birth	(西暦)	年	月	日 (yyyy/mm/dd)	※ 大学記入欄 (To be filled by university)
現住所 Address					
診 断 事 項 (Examination Items)					
身長 Height	cm	体重 Weight	kg	血圧 Blood Pressure	mmHg / mmHg
視力 Eyesight	左 (L)	右 (R)	検尿 Urinalysis	蛋白 Protein	糖 Sugar
聴力 Hearing			胸部X線検査 Chest X-ray		
四肢運動障害 Limb movement disorder			伝染性皮膚疾患 Infectious skin disease		
言語障害 Disturbance of speech			その他の疾患 Other illness or disorders		
修学上の 支障の有無	(Do you consider the student to be in adequate mental and physical health for full and successful participation in the study abroad program?)				
その他特記事項 Other special notes					
上記の通り診断する。(I hereby certify the above diagnosis.)					
年 月 日 (Date: yyyy/mm/dd)					
所在地 (Address)					
医療機関名 (Name of Hospital)					
医師の氏名 (Name of Physician)					
印 (Signature)					

※ この健康診断書は、出願前3ヶ月以内に作成したものに限り。
(This physical examination certificate should be issued no more than three months prior to the application.)

※ 検査方法等について、必要があれば学校保健法施行規則を参照すること。
(Regarding the details for the physical examination, please refer to the university's health check regulations if required.)