Graduate School of Letters, Arts and Sciences / School of Humanities and Social Sciences, Waseda University Agreement for Defraying Expenses for Exchange Program AY2023 Spring

Agreement for Defraying Expenses

You must prove you can cover expenses while in Japan with the following documents. Amount must be more than 1,000,000 JPY/year or 500,000 JPY/semester.

You can combine A-C to meet the required amount:

A: If you are financing yourself

Official Bank Balance Certificate

*If your bank does not issue a balance certificate, please ask your bank to issue a letter that states your most up-to-date balance with information on the name of the account holder, issuing date and signature of bank official and/or organization office stamp. A copy of a web page is accepted if all of the above information is on it.

B: If someone beside yourself is covering your expenses

Bank Balance Certificate of defrayer & Written agreement for defraying expenses

*The person covering the expenses must be the same person you fill in, in the section 26 (3) on application form for COE.

C: If scholarship is covering your expenses

Certificate of Scholarship (& Bank Balance Certificate of defrayer or yourself)

*The Certificate (or letter) must clearly state the name of organization providing the fund to you, amount of scholarship available during your visiting period, issuing date and signature of the funding organization and/or stamp of the organization.

Agreement for Defraying Expenses

To Waseda University

Nationality:				
Full Name:				
Date of Birth: (mont	/ / / th / day / year)	(male / fem	nale)	
agree to defray all costs for the above he circumstances of this agreement be		r stay in Japan, ar	nd therefore I will e	explain
1. Reason for defraying his/her expens Please explain in detail the circum relationship to him/her:	stances where you a			·
2. Particulars of Agreement				
, hereby, agree		_	-	_
In order to prove that I have defrayed copies of proof of telegraphic transfe		_	_	
extension of period of stay.	21		when the site upp	101 441
1) Tuition: monthly / semi-annually / annually			ven	
2) Living Expenses: mo				
3) Method of payment (Please	explain in detail, e.g.	bank transfer, me	oney order, etc.)	
		month	/ day / yea	r
Name of person defraying expenses: _	(Family)	(Given)	(Middle)	
Address:				
Full Name (Signature):				eal
Relationship to applicant:				