CURRICULUM VITAE

PHOTO

3cm x 4cm

1. Name:	/ Family Name / 0	Given Names (as shown in pass	Sex: M I	F 3cm x 4cm	
2. Nationality:	Email Address:				
3. Date of Birth:	/ Voor / Mon	/ Place of	Birth:		
4. Address:			Phone No:		
5. Marital Status:	☐ Married ☐ S	ingle 6. Occup	pation:		
7. Educational Histor	y: from Primary Educ	cation to the Current / Most-re	ecent Institution Attended		
Name of I	Institution	Location Town / City	Date of Entrance	Date of Graduation	
8. Educational Histo	ory of Japanese La	nguage:	·······································		
Name of	Institution	Location Town / City	Date of Entrance	Date of Completion	
Military Service:	☐ Yes ☐ N	lo Period:	to		
		Year / Mo	onth / Day	Year / Month / Day	
10. Employment Hist	tory: 🗌 Yes 🗌	No Type of	Work:		
Please fill the followin	ng in sequence of dat	e.			
Name of Compan	y / Organization	Location Town / City	Date of Employment	Date of Resignation	

11. Valid Passport: Yes	No			
Passport No:	Issuing	Authority:		
Valid from:Year /	Month / Day	Year / Month / Day		
12. Past Entry into / Stay in Jap	oan: Yes No			
Date of Entry	Date of Departure	Visa Status	Purpose of Stay	
1.				
2.				
3.				
4.				
5. If there are any more records	s of past entry or stay, please	write in additional sheets.		
If there are any more records of past entry or stay, please write in additional sheets. 13. Past Application for Visas (except Short-term Stays)				
☐ Yes (☐ College Student ☐ Pre-college Student ☐ Others) / ☐ No				
14. Criminal Record (in Japan or Overseas)				
☐ Yes (Details:) / ☐ No				
15. Purpose of Studying in Japan: (Please write in detail)				

16. Plans after G	raduating					
☐ Enter a so	chool of higher educa	tion in Japan				
Name of	faculty:					
Name of	school:					
Return to	my country					
Others:						
17. Family Resid	ling in My Country:					
Relationship				Date of Birth	Name of Employment / School	
18 Have Family	Members Residing	in Janan or C	n-resid	ents:	☐ No	
Relationship	Name	Date of Birth	National	To Reside with	Name of Employment / School	Status of Residence
			<u> </u>			
I hereby declare	that the above staten	nent is true ar	nd correc	ot.		
			Today's	s Date:	V /·· · · =	
					Year / Month / Da	ay
		Signa	ture:			

PAYMENT OF EXPENSE

TO THE MINISTER OF JUSTICE Nationality of the applicant: Name of the applicant: Birth date of the applicant: _Sex ┌ M month year I will pay for the above applicant while he/she studies in Japan. I will explain the reason why I will pay for him/her and I will guarantee my payment. The reason why I will pay for him/her. (Please write the reason and the relationship 1. with the applicant in detail. 2. The detail of payment Ι, guarantee that I will pay as in the following way for the above applicant while he/she is in Japan. When the applicant applies for his/her extension of period of stay, I will submit a document to prove that I have made remittance to him/her. The document is either a certificate of remittance or a copy of my bank account with the record of remittance. 1. Tuition fee semiannually JPY 365,000 JPY 2. Living expenditure monthly 3. The way of payment (Please explain the way of payment or remittance in detail) The person responsible for payment: Name: Nationality: Address: Phone No.: Relationship to the applicant : Today's date: Signature:

To: Kazuko Fukabori

The President of College of Business and Communication

AFFIDAVIT TO THE PRESIDENT OF CBC

THE APPLICANT

Name		
Date of Birth	Nationality	
Address		
Phone Number		

I, the guarantor of the applicant, hereby declare that I guarantee the following 1 to 4 and agree with 5 and 6.

- 1. The applicant will abide by all laws and regulations of Japan and not engage in any other activities than those authorized by immigration regulations while in Japan.
- 2. The applicant will abide by all rules and regulations of CBC and study with diligence.
- 3. I will assume responsibilities for the tuition fees, living expenses, traveling expenses to and from Japan and all other expenses if I am also the guarantor of payments.
- 4. As a student of CBC and also a mature adult, the applicant will assume responsibility for everything he/she does.
- 5. CBC does not bear responsibility for the followings.
 - *The damages caused by natural disasters, a fire, an unexpected accident, an epidemic or inevitability.
 - *The damages occurred by such things as theft, fraud, illness or injury.
 - *The damages occurred by such things as an act against laws and ordinances or public order and morals.
- 6. When an urgent treatment is required to the applicant and if CBC are unable to contact the guarantor, I entrust the judgment of a medical professional.

THE GUARANTOR

Name		
Date of Birth	Nationality	
Occupation	Annual Income	
Address		
Phone Number		
Name of Workplace		
Address of Workplace		
Phone Number of Workplace		
Relationship to Applicant		
Signature of Guarantor	Today's Date	