

(Form 9)

International Student Life Report

(_____年__月現在)

Name	Medicine/ Nursing	Student ID	Grade		
Income		Expenditure			
Allowance	yen	Food	yen	Medical	yen
Scholarship (organization:)		Housing		Daily necessities	
Part-time		Traveling		Books	
Other Assistance ()		Entertainment		University Supplies	
Other ()		Apparel		Miscellaneous	
Total		Total			

*Enter the average monthly amount for FY2023.

*For new students, enter the estimated amount.

以上のとおり相違ありません。

There is no error in the above.

年 月 日

signature _____