## 入 居 申 請 書

|      |             |                       |                    |       |             |       |     | 年           | 月  |       | 日        |
|------|-------------|-----------------------|--------------------|-------|-------------|-------|-----|-------------|----|-------|----------|
| 鳥 取  | 大学国際交流      | 充会館長                  | 殿                  |       |             |       |     |             |    |       |          |
|      |             |                       | 所属学                | 部等    |             | 口大    | 学 院 | 生           |    | 研究    | 生        |
|      |             |                       |                    |       |             | □学    | 部 学 | 生           |    | 聴講生   | Ė        |
|      |             |                       |                    |       |             | □研 🤄  | 究者  |             |    |       |          |
|      |             |                       | <sup>フリ</sup><br>氏 | 名     |             |       |     |             |    |       |          |
|      |             |                       |                    |       |             | 月     | 日2  | 生           | □男 | . 🗆 🧵 | <u>大</u> |
|      |             |                       |                    | 籍     |             |       |     |             |    |       |          |
|      |             |                       | 本国の                | 所属大   | 学等_         |       |     |             |    |       |          |
|      | 指導教員又は受入教員名 |                       |                    |       |             |       |     |             |    |       |          |
|      |             |                       |                    | 連約    | 各先(         | (TEL) |     |             |    |       |          |
| 下記0  | りとおり,鳥取大    | 学国際交流                 | 会館に                | 入居した  | といの         | で申請   | します | 0           |    |       |          |
|      |             |                       |                    |       |             |       |     |             |    |       |          |
|      |             |                       |                    | 記     |             |       |     |             |    |       |          |
|      | 入居希望区分      |                       |                    |       |             |       |     |             |    |       |          |
|      | 入居希望期間      |                       | 年                  | 月     |             | ∃ ~   | 2   | 年           | 月  | 日     |          |
| 3.   | 同居家族        |                       |                    |       |             |       |     |             |    |       | 7        |
|      | フリ<br>氏     |                       | <sup>ガナ</sup> 名    | 生     | 年           | 月日    | 性   | 別           | 続  | 柄     |          |
|      |             |                       |                    |       |             |       |     |             |    |       |          |
|      |             |                       |                    |       |             |       |     |             |    |       |          |
|      |             |                       |                    |       |             |       |     |             |    |       |          |
|      |             |                       |                    |       |             |       |     |             |    |       |          |
|      |             | <i>h</i> : □          | П                  | \•∕ = | <b>プロリナ</b> | マ事妬   | 亜泺に | ۱ ا         |    |       |          |
| 1 L  | (家族の入居日     |                       |                    |       |             | る青翔   | 安价小 | J。 <i>)</i> |    |       |          |
| 4. 1 | 代理申請者       |                       |                    |       |             | I. 5  |     |             |    |       |          |
|      |             | 職名_                   |                    |       |             |       |     |             |    |       |          |
|      | 由建工 (カ)よか   | 連絡先                   |                    |       |             |       |     |             | _  |       |          |
|      | 申請人(又は代     | <b>珄</b> 甲萌有 <i>)</i> | い者名                | (X/JF | ብ) <u> </u> |       |     |             |    | _     |          |

## Application for International House Residency

|             |                             |                       | Year     | Month           | Day      |
|-------------|-----------------------------|-----------------------|----------|-----------------|----------|
| To the Dire | ctor of Tottori Universi    | ty International Ho   | use      |                 |          |
|             | Faculty                     | □Graduate studen      |          |                 | udent    |
|             | -                           | Undergraduate s       | tudent   | ∐Auditor        |          |
|             | Name                        | □ Researcher          |          |                 |          |
|             |                             | Year Month            |          |                 | emale    |
|             |                             | Tear mener            |          |                 |          |
|             |                             | in Home Town          |          |                 |          |
|             |                             | e Teacher(Host Rese   |          |                 |          |
|             |                             | TEL                   |          |                 |          |
| As stated h | pelow, I apply for entering | ng the Tottori Unive  | ersity ] | Internationa    | 1 House. |
| 1. Desired  | Room Single Room S          | Double-occupancy Room | □Triple  | -occupancy Room |          |
| 2. Desired  | Period of Stay Year         | Month Day $\sim$      | Yea      | ar Month        | Day      |
| 3. Family   | Member Residing with        |                       |          |                 |          |
|             | Name                        | Date of birth         | Sex      | Relationsh      | ip       |
|             |                             |                       |          |                 |          |
|             |                             |                       |          |                 |          |
|             |                             |                       |          |                 |          |
|             |                             |                       |          |                 |          |
| (Enter      | ing Date of Family Memb     | er Year Mont          | h Da     | ay *Please a    | attach a |
| certi       | fying document of the da    | te.)                  |          |                 |          |
| 4. Proxy    | Faculty                     |                       |          |                 |          |
|             | Appointment                 | Name                  |          |                 |          |
|             | TEL                         |                       |          |                 |          |
|             | Signature (or Seal)         | of Applicant (or Pr   | оху)     |                 |          |