

在留資格認定証明書交付申請書
APPLICATION FOR CERTIFICATE OF ELIGIBILITY

法務大臣殿
To the Minister of Justice

出入国管理及び難民認定法第7条の2の規定に基づき、次のとおり同法第7条第1項第2号に掲げる条件に適合している旨の証明書の交付を申請します。
Pursuant to the provisions of Article 7-2 of the Immigration Control and Refugee Recognition Act, I hereby apply for the certificate showing eligibility for the conditions provided for in 7, Paragraph 1, Item 2 of the said Act.

写真
Photo

1 国籍・地域 Thai 2 生年月日 1995 年 11 月 8 日
Nationality/Region Family name Given name Date of birth Year Month Day

3 氏名 PRASERTNUKUL RATTAPON
Name

4 性別 男 5 出生地 Bangkok 6 配偶者の有無 有 無
Sex Male / Female Place of birth Marital status Married / Single

7 職業 Company Employee 8 本国における居住地 Bangkok
Occupation Home town/city

9 日本における連絡先 新潟県南魚沼市国際町777番地
Address in Japan

電話番号 025-779-1111 携帯電話番号 N/A
Telephone No. Cellular phone No.

10 旅券 (1)番号 AA1234567 (2)有効期限 2026 年 7 月 21 日
Passport Number Date of expiration Year Month Day

11 入国目的 (次のいずれか該当するものを選んでください。) Purpose of entry: check one of the followings
 I「教授」 I「教育」 J「芸術」 J「文化活動」 K「宗教」 L「報道」
 "Professor" "Instructor" "Artist" "Cultural Activities" "Religious Activities" "Journalist"
 L「企業内転勤」 L「研究(転勤)」 M「経営・管理」 N「研究」 N「技術・人文知識・国際業務」
 "Intra-company Transferee" "Researcher (Transferee)" "Business Manager" "Researcher" Engineer / Specialist in Humanities / International Services
 N「介護」 N「技能」 N「特定活動(研究活動等)」 N「特定活動(本邦大学卒業生)」
 "Nursing Care" "Skilled Labor" "Designated Activities (Researcher or IT engineer of a designated org)" "Designated Activities (Graduate from a university in Japan)"
 V「特定技能(1号)」 V「特定技能(2号)」 O「興行」 P「留学」 Q「研修」
 "Specified Skilled Worker (i)" "Specified Skilled Worker (ii)" "Entertainer" "Student" "Trainee"
 Y「技能実習(1号)」 Y「技能実習(2号)」 Y「技能実習(3号)」 R「家族滞在」
 "Technical Intern Training (i)" "Technical Intern Training (ii)" "Technical Intern Training (iii)" "Dependent"
 R「特定活動(研究活動等家族)」 R「特定活動(EPA家族)」 R「特定活動(本邦大学卒業生)」
 "Designated Activities (Dependent of Researcher or IT engineer of a designated org)" "Designated Activities (Dependent of EPA)" "Designated Activities (Dependent of Graduate from a university in Japan)"
 T「日本人の配偶者等」 T「永住者の配偶者等」 T「定住者」
 "Spouse or Child of Japanese National" "Spouse or Child of Permanent Resident" "Long Term Resident"
 U「高度専門職(1号イ)」 U「高度専門職(1号ハ)」 U「その他」
 "Highly Skilled Professional(i)(a)" "Highly Skilled Professional(i)(b)" "Highly Skilled Professional(i)(c)" Others

12 入国予定年月日 2022 年 9 月 1 日 13 上陸予定港 Narita Airport
Date of entry Year Month Day Port of entry

14 滞在予定期間 2 years 15 同伴者の有無 有 無
Intended length of stay Year Month Day Accompanying persons, if any Yes No

16 査証申請予定地 Bangkok
Intended place to apply for visa

17 過去の出入国歴 有 無
Past entry into / departure from Japan Yes No
(上記で「有」を選択した場合) (Fill in the followings when the answer is "Yes")
回数 2 回 直近の出入国歴 2019 年 3 月 15 日 から 2019 年 3 月 23 日
time(s) The latest entry from Year Month Day to Year Month Day

18 犯罪を理由とする処分を受けたことの有無(日本国外におけるものを含む。) Criminal record (in Japan / overseas) 有 無
Yes (Detail:) No

19 退去強制又は出国命令による出国の有無 有 無
Departure by deportation / departure order Yes No
(上記で「有」を選択した場合) (Fill in the followings when the answer is "Yes")
回数 2 回 直近の送還歴 2019 年 3 月 15 日
time(s) The latest departure by deportation Year Month Day

20 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者 Family in Japan (Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents
有(「有」の場合は、以下の欄に在日親族及び同居者を記入してください) 有 無
Yes (If yes, please fill in your family members in Japan and co-residents in the following columns) No

続柄 Relationship	氏名 Name	生年月日 Date of birth	国籍・地域 Nationality/Region	同居予定の有無 Intended to reside with applicant or not	勤務先名称・通学先名称 Place of employment/school	在留カード番号 特別永住者証明書番号 Residence card number / Special Permanent Resident Certificate number
None				有 Yes / No		
				有 Yes / No		
				有 Yes / No		
				有 Yes / No		

※ 20については、記載欄が不足する場合は別紙に記入して添付すること。なお、「研修」、「技能実習」に係る申請の場合は記載不要です。
Regarding item 20, if there is not enough space in the given columns to write in all of your family in Japan, fill in and attach a separate sheet.
In addition, take note that you are not required to fill in item 20 for applications pertaining to "Trainee" / "Technical Intern Training".

(注) 裏面参照の上、申請に必要な書類を作成して下さい。 Note: Please fill in forms required for application. (See notes on reverse side.)

CoE Application Sample and the sections you need to be careful

Photo: Submit your face photo (portrait) data in png or jpeg to OSS (oss@iuj.ac.jp) via email. (DO NOT PASTE in your application.) It needs to be taken within 3 months and in high quality. Background should be white.

Section: 1, 2, 3, 4, 5, 6, 7, 8, 10, 16 are just examples of how to present the information. Write YOUR information.

Section 4, 6, 14, 17, 18, 19 and 20: Each section needs to be circled.

Section 3: Write your name in the alphabet EXACTLY THE SAME as shown in your passport.

Section 7: Put the occupation at the moment of submitting the form. If you are neither a student nor a worker, type "Unemployed".

Section 9: Do not change the address in Japan and the phone number that are already filled out in Japanese.

Section 13: Most of you enter Japan using Narita Airport or Haneda Airport. There is NO "Tokyo airport".

Section 14: Write "2 years" for those in 2-year programs, or "1 year" for those in 1-year programs.

Section 16: Put the location of the Embassy or Consulate General of Japan you will visit to apply for a Visa. Check the locations list in the following URL or scan the QR code below.

[Embassies, Consulates and Permanent Missions | Ministry of Foreign Affairs of Japan](https://www.mofa.go.jp/embassies)

mofa.go.jp

Section 17 & 20: If you circled the sections 17 & 19, please fill it out by seeing the other sample below.



Section 20: Leave blank if you have no family in Japan. If you do have family here fill it in accurately including their Residence Card number

(Information printed on separate sheet)

17 過去の出入国歴 有 無
Past entry into / departure from Japan Yes No
(上記で「有」を選択した場合) (Fill in the followings when the answer is "Yes")
回数 2 回 直近の出入国歴 2019 年 3 月 15 日 から 2019 年 3 月 23 日
time(s) The latest entry from Year Month Day to Year Month Day

18 犯罪を理由とする処分を受けたことの有無(日本国外におけるものを含む。) Criminal record (in Japan / overseas) 有 無
Yes (Detail:) No

19 退去強制又は出国命令による出国の有無 有 無
Departure by deportation / departure order Yes No
(上記で「有」を選択した場合) (Fill in the followings when the answer is "Yes")
回数 2 回 直近の送還歴 2019 年 3 月 15 日
time(s) The latest departure by deportation Year Month Day

20 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者 Family in Japan (Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents

続柄 Relationship	氏名 Name	生年月日 Date of birth	国籍・地域 Nationality/Region	同居予定 Intended to reside with applicant or not	勤務先・通学先 Place of employment/school	在留カード番号 特別永住者証明書番号 Residence card number / Special Permanent Resident Certificate number
Father	Brian Simmons	1967.2.15	U.K.	はい Yes / No	ABC Corporation	WD12345678FU
Mother	Mary Simmons	1970.11.8	U.K.	はい Yes / No	Housewife	WA98765432TA
				はい Yes / No		
				はい Yes / No		

21 通学先 Place of study
 (1)名称 国際大学
 Name of school
 (2)所在地 新潟県南魚沼市国際町777番地 (3)電話番号 025-779-1111
 Address Telephone No.
 22 修学年数 (小学校～最終学歴) 16 年
 Total period of education (from elementary school to last institution of education) Years
 23 最終学歴 (又は在学中の学校) Education (last school or institution) or present school
 (1)在籍状況 卒業 在学中 休学中 中退
 Registered enrollment Graduated In school Temporary absence Withdrawal
 大学院 (博士) 大学院 (修士) 大学 短期大学 専門学校
 Doctor Master Bachelor Junior college College of technology
 高等学校 中学校 小学校 その他 ()
 Senior high school Junior high school Elementary school Others
 (2)学校名 Thamasat University (3)卒業又は卒業見込み年月 2016 年 4 月
 Name of the school Date of graduation or expected graduation Year Month
 24 日本語能力 (専修学校又は各種学校において日本語教育以外の教育を受ける場合に記入)
 Japanese language ability (Fill in the followings when the applicant plans to study at advanced vocational school or vocational school (except Japanese language))
 試験による証明 Proof based on a Japanese language test
 (1)試験名 Japanese-Language Proficiency Test (2)級又は点数 N4
 Name of the test Attained level or score
 日本語教育を受けた教育機関及び期間 Organization and period to have received Japanese language education
 機関名 Sakura Japanese Language Center
 Organization
 期間: 2020 年 1 月 から 2020 年 3 月 まで
 Period from Year Month to Year Month
 その他 Others
 25 日本語学習歴 (高等学校において教育を受ける場合に記入)
 Japanese education history (Fill in the followings when the applicant plans to study in high school)
 日本語の教育又は日本語による教育を受けた教育機関及び期間
 Organization and period to have received Japanese language education / received education by Japanese language
 機関名 N/A
 Organization
 期間: 年 月 から 年 月 まで
 Period from Year Month to Year Month
 26 滞在費の支弁方法等 (生活費、学費及び家賃について記入すること。) ※複数選択可
 Method of support to pay for expenses while in Japan (fill in with regard to living expenses, tuition and rent) * multiple answers possible
 (1)支弁方法及び月平均支弁額 Method of support and an amount of support per month (average)
 本人負担 円 在外経費支弁者負担 円
 Self Yen Supporter living abroad Yen
 在日経費支弁者負担 円 奨学金 Tuition 100% waived 円
 Supporter in Japan Yen Scholarship Monthly stipend 100,000 Yen
 その他 円
 Others Yen
 (2)送金・携行等の別 Remittances from abroad or carrying cash
 外国からの携行 円 外国からの送金 円
 Carrying from abroad Yen Remittances from abroad Yen
 (携行者 携行時期) その他 円
 Name of the individual Date and time of carrying cash Others Yen
 (3)経費支弁者 (複数人いる場合は全てについて記入すること。) ※任意様式の別紙可
 Supporter (If there is more than one, give information on all of the supporters) * another paper may be attached, which does not have to use a prescribed format.
 ①氏名 Name
 ②住所 Address 電話番号 Telephone No.
 ③職業 (勤務先の名称) Occupation (place of employment) 電話番号 Telephone No.
 ④年収 Annual income 円 Yen

* Some boxes (□) need to be filled out with black (■) according to your answers.

On the sample application, we changed the box color to red to make them noticeable.

Section 24: For those who took an examination that certifies their Japanese language ability, write the name of the examination and the acquired level and score. In addition, submit a copy of the certificate to OSS.

Section 26 (1) & (2): Please write your scholarship condition; Tuition ?? % waived and monthly stipend ?? Yen

(4)申請人との関係 (上記(1)で在外経費支弁者負担又は在日経費支弁者負担を選択した場合に記入)
 Relationship with the applicant (Check one of the followings when your answer to the question 26(1) is supporter living abroad or Japan)

夫 妻 父 母 祖父 祖母 養父 養母
 Husband Wife Father Mother Grandfather Grandmother Foster father Foster mother

兄弟姉妹 叔父(伯父)・叔母(伯母) 受入教育機関 友人・知人
 Brother / Sister Uncle / Aunt Educational institution Friend / Acquaintance

友人・知人の親族 取引関係者・現地企業等職員
 Relative of friend / acquaintance Business connection / Personnel of local enterprise

取引関係者・現地企業等職員の親族 その他 ()
 Relative of business connection / personnel of local enterprise Others

(5)奨学金支給機関 (上記(1)で奨学金を選択した場合に記入) ※複数選択可
 Organization which provide scholarship (Check one of the following when the answer to the question 26(1) is scholarship) * multiple answers possible

外国政府 日本国政府 地方公共団体
 Foreign government Japanese government Local government

公益社団法人又は公益財団法人 (foundation scholarship) その他 ()
 Public interest incorporated association / Public interest incorporated foundation Others

27 卒業後の予定 Plans after graduation

帰国 日本での進学
 Return to home country Enter school of higher education in Japan

日本での就職 その他 ()
 Find work in Japan Others

28 本邦における申請人の監護人(通学先が中学校又は小学校の場合に記入)
 Actual guardian in Japan (Fill in the following if the applicant is to study at a junior high school or elementary school)

(1)氏名 N/A (2)本人との関係 N/A
 Name Relationship with the applicant

(3)住所 N/A
 Address

電話番号 N/A 携帯電話番号 N/A
 Telephone No. Cellular Phone No.

29 申請人, 法定代理人, 法第7条の2第2項に規定する代理人
 Applicant, legal representative or the authorized representative, prescribed in Paragraph 2 of Article 7-2.

(1)氏名 (2)本人との関係 在籍予定大学職員
 Name Relationship with applicant

(3)住所 新潟県南蒲原市番地
 Address Telephone No.

電話番号

以上の記載内容は事実と一致するものとします。The statement given above is true and correct.
 申請人(代理人)の署名/印 Name of applicant (representative) / Date of filling in this form

年 月 日
 Year Month Day

注意 申請書作成後申請内容に変更が生じた場合は、速に本更箇所を訂正し、署名すること。
 Attention In cases where the content of this application is changed after completion, the applicant should immediately correct the relevant part and sign their name.

※ 取次者 Agent or other authorized person

(1)氏名 (2)住所
 Name Address

(3)所属機関等 Organization to which the agent belongs (3)電話番号 Telephone No.

Section 26 (4): Check the relationship between you and your financial supporter.

Section 26 (5): Check the applicable box (es) showing your scholarship foundation. If you check "others", write the name of the scholarship provider.

Section 27: Check the field that matches your plan after graduation.

Section 28: You do not need to fill in this section at all. Please leave it blank

6 学部・課程 Faculty / Course
 (5で大学院, 大学, 短期大学(いずれも聴講生・科目等履修生及び研究生の場合を含む)を選択した場合に記入)
 (Check the following item(s) if you selected Doctor, Master, Graduate school (Research student), Undergraduate student, University (Auditor elective course student), University (Research student), Junior college (Regular student) or Junior college (Auditor elective course student) as your answer to question 5)

- | | | | | | |
|---|---|--|---|--|--|
| <input type="checkbox"/> 法学
Law | <input type="checkbox"/> 経済学
Economics | <input type="checkbox"/> 政治学
Politics | <input type="checkbox"/> 商学
Commercial science | <input checked="" type="checkbox"/> 経営学
Business administration | <input type="checkbox"/> 文学
Literature |
| <input type="checkbox"/> 語学
Linguistics | <input type="checkbox"/> 社会学
Sociology | <input type="checkbox"/> 歴史学
History | <input type="checkbox"/> 心理学
Psychology | <input type="checkbox"/> 教育学
Education | <input type="checkbox"/> 芸術学
Science of art |
| <input type="checkbox"/> その他人文・社会科学 ()
Others(cultural science/ social science) | | <input type="checkbox"/> 理学
Science | <input type="checkbox"/> 化学
Chemistry | <input type="checkbox"/> 工学
Engineer | |
| <input type="checkbox"/> 農学
Agriculture | <input type="checkbox"/> 水産学
Fisheries | <input type="checkbox"/> 薬学
Pharmacy | <input type="checkbox"/> 医学
Medicine | <input type="checkbox"/> 歯学
Dentistry | |
| <input type="checkbox"/> その他自然科学 ()
Others(natural science) | | <input type="checkbox"/> 体育学
Sports science | <input type="checkbox"/> その他 ()
Others | | |

7 所属予定の研究室 (5で大学院を選択した場合に記入)
 Research room (Fill in the following item(s), if you selected Doctor, Master or Graduate school (Research student) as your answer to question 5)

(1)研究室名
 Name of research room 国際経営学研究科 **The Japanese characters on the left side say "Graduate School of International Management"**

(2)指導教員氏名
 Name of mentoring professor 未定

8 専門課程名称 (5で高等専門学校～各種学校を選択した場合に記入)
 Name of specialized course (Check the following item(s) if you selected "Technical school" through to "Miscellaneous school" as your answer to question 5)

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> 工業
Engineering | <input type="checkbox"/> 農業
Agriculture | <input type="checkbox"/> 医療・衛生
Medical services / Hygienics | <input type="checkbox"/> 教育・社会福祉
Education / Social welfare | <input type="checkbox"/> 法律
Law |
| <input type="checkbox"/> 商業実務
Practical commercial business | | <input type="checkbox"/> 服飾・家政
Dress design / Home economics | <input type="checkbox"/> 文化・教養
Culture / Education | <input type="checkbox"/> その他 ()
Others |

9 仲介業者又は仲介者 (5で日本語教育機関を選択した場合に記入)
 Name of intermediary agency or person (Fill in the following item(s) if you selected Japanese language institution as your answer to question 5)

(1)名称
 Name _____

(2)本国政府による登録番号(ベトナムの場合に記入)
 Registration number issued by the government (Fill in the following item if the applicant is a Vietnamese national) _____

10 卒業までの年月(予定) Scheduled period of education until graduation
 (交換留学生の場合, 交換留学受入満了までの年月) 1 年 10 月
 (If the applicant is an exchange student, fill in the scheduled period of education until the end of the exchange)

以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct.
 通学先又は所属機関名, 代表者氏名の記名及び押印/申請書作成年月日
 Name of the place of study or organization and representative, and official seal of the organization / Date of filling in this form

国際大学 学長 伊丹敬之 印 2022 年 月 日
 Seal Year Month Day

注意 Attention
 申請書作成後申請までに記載内容に変更が生じた場合, 所属機関等が変更箇所を訂正し, 押印すること。
 In cases where descriptions have changed after filling in this application form up until submission of this application, the organization must correct the part concerned and press its seal on the correction.

This page is for **GSIM** students. If you are a GSIR student, please click the tab for the next page, Organization2(For GSIR).

6 学部・課程 Faculty / Course
 (5で大学院, 大学, 短期大学(いずれも聴講生・科目等履修生及び研究生の場合を含む)を選択した場合に記入)
 (Check the following item(s) if you selected Doctor, Master, Graduate school (Research student), Undergraduate student, University (Auditor elective course student), University (Research student), Junior college (Regular student) or Junior college (Auditor elective course student) as your answer to question 5)

- | | | | | | |
|---|---|--|---|---|--|
| <input type="checkbox"/> 法学
Law | <input type="checkbox"/> 経済学
Economics | <input type="checkbox"/> 政治学
Politics | <input type="checkbox"/> 商学
Commercial science | <input type="checkbox"/> 経営学
Business administration | <input type="checkbox"/> 文学
Literature |
| <input type="checkbox"/> 語学
Linguistics | <input type="checkbox"/> 社会学
Sociology | <input type="checkbox"/> 歴史学
History | <input type="checkbox"/> 心理学
Psychology | <input type="checkbox"/> 教育学
Education | <input type="checkbox"/> 芸術学
Science of art |
| <input checked="" type="checkbox"/> その他人文・社会科学 (Others(cultural science/ social science)) | | | | | <input type="checkbox"/> 工学
Engineer |
| <input type="checkbox"/> 農学
Agriculture | <input type="checkbox"/> 水産学
Fisheries | <input type="checkbox"/> 薬学
Pharmacy | <input type="checkbox"/> 医学
Medicine | <input type="checkbox"/> 歯学
Dentistry | |
| <input type="checkbox"/> その他自然科学 (Others(natural science)) | | <input type="checkbox"/> 体育学
Sports science | <input type="checkbox"/> その他 (Others) | | |

国際関係学

It says "International"

7 所属予定の研究室 (5で大学院を選択した場合に記入)
 Research room (Fill in the following item(s), if you selected Doctor, Master or Graduate school (Research student) as your answer to question 5)

- (1)研究室名
 Name of research room 国際経営学研究科 **The Japanese characters on the left side say "Graduate School of International Relations"**
- (2)指導教員氏名
 Name of mentoring professor 未定

8 専門課程名称 (5で高等専門学校～各種学校を選択した場合に記入)
 Name of specialized course (Check the following item(s) if you selected "Technical school" through to "Miscellaneous school" as your answer to question 5)

- | | | | | |
|--|--|---|--|---------------------------------------|
| <input type="checkbox"/> 工業
Engineering | <input type="checkbox"/> 農業
Agriculture | <input type="checkbox"/> 医療・衛生
Medical services / Hygienics | <input type="checkbox"/> 教育・社会福祉
Education / Social welfare | <input type="checkbox"/> 法律
Law |
| <input type="checkbox"/> 商業実務
Practical commercial business | | <input type="checkbox"/> 服飾・家政
Dress design / Home economics | <input type="checkbox"/> 文化・教養
Culture / Education | <input type="checkbox"/> その他 (Others) |

9 仲介業者又は仲介者 (5で日本語教育機関を選択した場合に記入)
 Name of intermediary agency or person (Fill in the following item(s) if you selected Japanese language institution as your answer to question 5)

- (1)名称
 Name _____
- (2)本国政府による登録番号(ベトナムの場合に記入)
 Registration number issued by the government (Fill in the following item if the applicant is a Vietnamese national) _____

10 卒業までの年月(予定) Scheduled period of education until graduation
 (交換留学生の場合, 交換留学受入満了までの年月) 1 Year(s) 10 Month(s)
 (If the applicant is an exchange student, fill in the scheduled period of education until the end of the exchange)

以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct.

通学先又は所属機関名, 代表者氏名の記名及び押印/申請書作成年月日
 Name of the place of study or organization and representative, and official seal of the organization / Date of filling in this form

国際大学 学長 伊丹敬之

印 2022 年 月 日
 Seal Year Month Day

注意 Attention

申請書作成後申請までに記載内容に変更が生じた場合, 所属機関等が変更箇所を訂正し, 押印すること。
 In cases where descriptions have changed after filling in this application form up until submission of this application, the organization must correct the part concerned and press its seal on the correction.