

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

40mm × 30mm

1 国籍・地域 Nationality/Region **U. S. A.** 2 生年月日 Date of birth **1997** 年 **8** 月 **15** 日

3 氏名 Name **LAWRENCE JEAN**

4 性別 Sex **女** 5 出生地 Place of birth **Louisville, Kentucky** 6 配偶者の有無 Marital status **無** Single

7 職業 Occupation **Student** 8 本国における居住地 Home town/city **New York, NY**

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

10 旅券 (1) 番号 Number **987654321** (2) 有効期限 Date of expiration **2026** 年 **4** 月 **13** 日

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」 "Professor" J 「文化活動」 "Cultural Activities" K 「宗教」 "Religious Activities" L 「報道」 "Journalist"
 L 「企業内転勤」 "Intra-company Transferee" L 「研究(転勤)」 "Researcher (Transferee)" M 「経営・管理」 "Business Manager" N 「研究」 "Engineer / Specialist in Humanities / International Services"
 N 「介護」 "Nursing Care" N 「技能」 "Skilled Labor" N 「特定活動(研究活動等)」 "Designated Activities (Researcher or IT engineer of a designated org)" N 「特定活動(本邦大学卒業生等)」 "Designated Activities (Graduate from a university in Japan)"
 V 「特定技能(1号)」 "Specified Skilled Worker (i)" V 「特定技能(2号)」 "Specified Skilled Worker (ii)" O 「興行」 "Entertainer" P 「留学」 "Student" Q 「研修」 "Trainee"
 Y 「技能実習(1号)」 "Technical Intern Training (i)" Y 「技能実習(2号)」 "Technical Intern Training (ii)" Y 「技能実習(3号)」 "Technical Intern Training (iii)" R 「家族滞在」 "Dependent"
 R 「特定活動(研究活動等家族)」 "Designated Activities (Dependent of Researcher or IT engineer of a designated org)" R 「特定活動(EPA家族)」 "Designated Activities (Dependent of EPA)" R 「特定活動(本邦大学卒業生等)」 "Designated Activities (Dependent of Graduate from a university in Japan)"
 T 「日本人の配偶者等」 "Spouse or Child of Japanese National" T 「永住者の配偶者等」 "Spouse or Child of Permanent Resident" T 「定住者」 "Long Term Resident"
 U 「高度専門職(1号イ)」 "Highly Skilled Professional(i)(a)" U 「高度専門職(1号ロ)」 "Highly Skilled Professional(i)(b)" U 「高度専門職(1号ハ)」 "Highly Skilled Professional(i)(c)" U 「その他」 "Others"

12 入国予定年月日 Date of entry **2022** 年 **9** 月 **1** 日 13 上陸予定港 Port of entry **Haneda Airport**

14 滞在予定期間 Intended length of stay **4 Months** 15 同伴者の有無 Accompanying persons, if any **無** No

16 査証申請予定地 Intended place to apply for visa **New York**

17 過去の出入国歴 Past entry into / departure from Japan **有** Yes / **無** 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) **無** No
 Yes (Detail:)

19 退去強制又は出国命令による出国の有無 Departure by deportation / departure order **有** Yes / **無** 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 から **2019** 年 **3** 月 **23** 日
 time(s) The latest departure by deportation Year Month Day to 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 **無** No
 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。) 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・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 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@iui.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 \(mofa.go.jp\)](https://www.mofa.go.jp/embassies)

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



17 過去の出入国歴 Past entry into / departure from Japan **有** Yes / **無** 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) **無** No
 Yes (Detail:)

19 退去強制又は出国命令による出国の有無 Departure by deportation / departure order **有** Yes / **無** 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 から **2019** 年 **3** 月 **23** 日
 time(s) The latest departure by deportation Year Month Day to 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 **無** No
 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。) 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・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/いいえ Yes/No	ABC Corporation	WD12345678FU
Mother	Mary Simmons	1970.11.8	U.K.	はい/いいえ Yes/No	Housewife	WA98765432TA

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 (又は在学习中の学校) Education (last school or institution) or present school
 (1)在籍状況 卒業 在学习中 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 New York University (3)卒業又は卒業見込み年月 2023 年 6 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 Name of the test (2)級又は点数 Attained level or score
 N/A
 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 Organization N/A
 期間: 年 月 から 年 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 Organization N/A
 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 Monthly 100,000 円
 Self Yen Supporter living abroad Yen
 在日経費支弁者負担 円 奨学金 円
 Supporter in Japan Yen Scholarship 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 Monthly 100,000 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 Andrew Lawrence
 Name
 ②住所 1111, Louisville, Kentucky 電話番号 +1-234-567-8910
 Address Telephone No.
 ③職業 (勤務先の名称) General Manager, XYZ Corporation 電話番号 +1-123-456-7890
 Occupation (place of employment) Telephone No.
 ④年収 12,000,000 円
 Annual income 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): Write the average amount of financial support you will receive per month and how your supporter will send you money for your cost of living in Japan. Please write your condition if you are awarded any scholarships, including IUJ Nakayama Scholarship.

Section 26 (3): Write your financial supporter's name, address, occupation, and telephone number. If you are a recipient of a full scholarship, you do not need to fill out this section.

* **Note**

If you are **self-supported** or **awarded/nominated for a scholarship that does not cover a monthly stipend**, you need to show to the Japanese Ministry of Justice that **you have sufficient funds to cover the expenses during your stay at IUJ**. Email us a PDF copy of one of the following documents.

- **Copy of a student loan contract;**
- **Scholarship award (from sources outside the IUJ scholarship program);**
- **Official statement of your (or your sponsor's) bank account:**
- **A notarized English translation of one of above documents, if they are written in a language other than English.**

All documents should include the institution's name and logo, address, tel/fax number, and the institution manager's name, title, and signature.

If you will **have the financial backing of your family member or another "sponsor"**, you will also need to present the PDF copy of:

- a) **Your birth certificate to prove the relationship between you and the family member supporting you;**
- b) **A signed statement demonstrating that your family member guarantees to support you through your IUJ studies; and**
- c) **A notarized English translation of a) and b) above, if they are written in a language other than English.**

The Immigration Office does not indicate exactly how much money is sufficient. According to our experiences, however, your CoE application is likely to be accepted if you (or your sponsor) could prepare the amount curiculated by the formula below.

your Living expenses in Japan (about 100,000 yen) x the period you stay at IUJ

(4)申請人との関係 (上記(1)で在外経費支弁者負担又は在外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 Husband, 妻 Wife, 父 Father, 母 Mother, 祖父 Grandfather, 祖母 Grandmother, 養父 Foster father, 養母 Foster mother, 兄弟姉妹 Brother / Sister, 叔父(伯父)・叔母(伯母) Uncle / Aunt, 受入教育機関 Educational institution, 友人・知人 Friend / Acquaintance, 友人・知人の親族 Relative of friend / acquaintance, 取引関係者・現地企業等職員 Business connection / Personnel of local enterprise, 取引関係者・現地企業等職員の親族 Relative of business connection / personnel of local enterprise, その他 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 Foreign government, 日本国政府 Japanese government, 地方公共団体 Local government, 公益社団法人又は公益財団法人 Public interest incorporated association / Public interest incorporated foundation, その他 Others

27 卒業後の予定 Plans after graduation

- 帰国 Return to home country, 日本での進学 Enter school of higher education in Japan, 日本での就職 Find work in Japan, その他 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 Name, (2)本人との関係 Relationship with the applicant, (3)住所 Address, 電話番号 Telephone No., 携帯電話番号 Cellular Phone No.

29 申請人, 法定代理人
Applicant, legal representative

(1)氏名 Name, (3)住所 Address, 電話番号 Telephone No.

以上の記載内容は事実と相違なく、本申請書に記載の事項が真実であることを保証する。
The above information is true and correct. I guarantee that the information provided in this application is true.

申請人(代理人)の署名/申請日
Signature of applicant (representative) / Date of filling in this form

注意 申請書作成後申請人(代理人)が署名すること。
Attention In cases where designated persons (representative) sign the application form after completion of the application form, the designated persons (representative) must sign the application form.

※ 取次者 Agent
(1)氏名 Name, (3)所属機関等 Organizational name and address

Section 26 (4): If you plan to receive a financial support from someone, check the relationship between you and your financial supporter.

Section 26 (5): In the case you are awarded any scholarships, check the applicable box (is) 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) 0 年 4 月
 (If the applicant is an exchange student, fill in the scheduled period of education until the end of the exchange)

Please change according

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) _____ 年 _____ 月
 (If the applicant is an exchange student, fill in the scheduled period of education until the end of the exchange)

Please change according

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.