受付番号	号

## Hiroshima City University International Dormitory "Sakura" Application Form

						Date	<u>Y</u> <u>M</u>	D			
I hereby app	oly for dormitor	y residence						hoto ffix a color			
Examination number (Student number)		Faculty, Dep				_	taken w	photo 4cm×3cm taken within the last 3 months			
Classification	Please check e  Exchange  Research	student	ng classifica	tion							
Address (Far <u>Name</u>	nily Name)	(Given Na	me)	(s	eal)						
Date of birth _ Sex male / fem	Y M D	Pho	one ( l phone (	)	_						
	formation of contact is unnecessary.	person living ir	n Japan in cas	se when we ca	annot re	each you.	If there is no	applicable			
Name				Phone	(	)	_				
(Relationship:			)	Cell pho	•	)	_				
Remarks											
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- 1. Residence will not be permitted if you make any false statements on the application form, so please fill out accurately.
- 2. Personal information contained in this document and the accompanying documents, will only be used for international student dormitory "Sakura" resident selection and administrative purposes.
- 3. If you use a wheelchair, please indicate this in the remarks space.