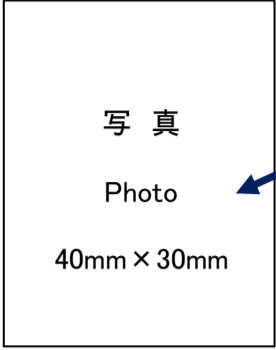


SAMPLE

在留期間更新許可申請書
APPLICATION FOR EXTENSION OF PERIOD OF STAY

法務大臣殿
To the Minister of Justice

**-In Japanese or English -In black Ink
-Single-sided printing required**



- 1. Attach the photo with your name on back of it.
- 2. Hatless and facing forward
- 3. Without background
- 4. Clearly printed
- 5. Taken within 6 months before submission

出入国管理及び難民認定法第21条第2項の規定に基づき、次のとおり在留期間の更新を申請します。
Pursuant to the provisions of Paragraph 2 of Article 21 of the Immigration Control and Refugee Recognition Act, I hereby apply for extension of period of stay.

1 国籍・地域 Nationality/Region China 2 生年月日 Date of birth YYYY 年 Year MM 月 Month DD 日 Day

3 氏名 Name WANG MIN Write your name in alphabet as in your passport.

4 性別 Sex 男・女 Circle the appropriate one. 5 配偶者の有無 Marital status 有・無 Circle the appropriate one.

6 職業 Occupation Student 7 本国における居住地 Home town/city 〇〇city 〇〇 province, China

Fill in the same address as on your residence card. If the address on your residence card is different from your current address, please register your current address on your residence card at the municipal office first, then apply for extension of the period of stay.

8 住居地 Address in Japan Room XX 〇〇apartment X-X 〇〇〇 Kashiwa-shi, Chiba

9 電話番号 Telephone No. None 携帯電話番号 Cellular phone No. 0X0-XXXX-XXXX

10 旅券 (1)番号 Passport Number XX1234567 (2)有効期限 Date of expiration YYYY 年 Year MM 月 Month DD 日 Day

11 現に有する在留資格 Status of residence 留学 在留期間 Period of stay 〇years 〇months
在留期間の満了日 Date of expiration YYYY 年 Year MM 月 Month DD 日 Day

Fill in here as indicated on your residence card.

12 在留カード番号 Residence card number XX12345678XX

13 希望する在留期間 Desired length of extension 〇years 〇months (審査の結果によって希望の期間とならない場合があります。)
(It may not be as desired after examination.)

14 更新の理由 Reason for extension e.g. To continue my studies at the University of Tokyo

15 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。)※交通違反等による処分を含む。
Criminal record (in Japan / overseas)※Including dispositions due to traffic violations, etc.
有 (具体的内容) Yes (Detail: _____) / 無 Circle the appropriate one.

16 在日親族(父・母・配偶者・子・兄弟姉妹・祖父母・叔(伯)父・叔(伯)母など)及び同居者
Family in Japan (father, mother, spouse, children, siblings, grandparents, uncle, aunt or others) and cohabitants
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。) / 無 Circle the appropriate one. If yes, please provide details.

続柄 Relationship	氏名 Name	生年月日 Date of birth	国籍・地域 Nationality/Region	同居の有無 Residing with applicant or not 有・無 Yes / No	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
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		

※ 3について、有効な旅券を所持する場合は、旅券の身分事項ページのとおり記載してください。
Regarding item 3, if you possess your valid passport, please fill in your name as shown in the passport.
16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、「在日親族」のみ記載してください。
Regarding item 16, 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 only required to fill in your family members in Japan for applications pertaining to "Trainee" or "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.)
(注) 申請書に事実に反する記載をしたことが判明した場合には、不利益な扱いを受けることがあります。
Note : In case of to be found that you have misrepresented the facts in an application, you will be unfavorably treated in the process.

SAMPLE

17 通学先 Place of study
 (1)名称 東京大学大学院新領域創成科学研究科
 Name of school
 (2)所在地 千葉県柏市柏の葉5-1-5 (3)電話番号 04-7136-4094
 Address Telephone No.
 (18及び19は在留資格変更許可申請又は進学若しくは転学の場合に記入)
 (Fill in 18 and 19 in case of applying for a change of status, going to a higher school or changing your school)
 18 修学年数 (小学校～最終学歴) XX 年
 Total period of education (from elementary school to last institution of education) Years
 19 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 The University of Tokyo (3)卒業又は卒業見込み年月 YYYYY 年 MM 月
 Name of the school Date of graduation or expected graduation Year Month
 20 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 you 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 (2)級又は点数
 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
 Organization
 期間: 年 月 から 年 月 まで
 Period from Year Month to Year Month
 その他
 Others
 21 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 following when you 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
 期間: 年 月 から 年 月 まで
 Period from Year Month to Year Month
 22 滞在費の支弁方法 (滞り費用の支弁方法 (滞り費用の支弁方法 (滞り費用の支弁方法) 全てについて記入すること。) ※複数選択可
 Method of support to pay living expenses (Method of support to pay 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 XXX,XXX 円 在外経費支弁者負担 XXX,XXX 円
 Self Supporter living abroad Yen Yen
 在日経費支弁者負担 Yen 奨学金 Yen Yen
 Supporter in Japan Scholarship Yen Yen
 その他 Yen
 Others Yen
 (2)送金・携行等の別 Remittances from abroad or carrying cash
 外国からの携行 Yen 外国からの送金 XXX,XXX 円
 Carrying from abroad Yen Remittances from abroad Yen Yen
 (携行者 携行時期) その他 Yen Yen
 Name of the individual Date and time of carrying cash Others Yen Yen
 (3)経費支弁者 (複数人いる場合は全てについて記載すること。) ※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 Fill in English without abbreviation.
 Name
 ②住所 Fill in English without abbreviation. 電話番号 Personal phone number
 Address Telephone No.
 ③職業 (勤務先の名称) e.g. Teacher (○○○school) 電話番号 Work phone number
 Occupation (place of employment) Telephone No.
 ④年収 X,XXX,XXX 円
 Annual income Yen

Regardless of which campus you attend, please fill in Kashiwa campus address and phone number.

Indicate the total period of education excluding language schools.

If you are a research student, please write Others (Research student)

Fill in here as indicated on your student ID card.

◆ Incoming students → Indicate your enrollment status at your previous school.
◆ Enrolled student → Select "In school" and indicate your enrollment status at the University of Tokyo.

The amount paid from your savings, part-time income, etc.

If you receive a scholarship, please fill in here.

If you receive money from a supporter living abroad such as father, mother, etc., please fill in here.

Provide details of the supporter such as father, mother, etc. If you have chosen only "Self" in (1) above, please provide the information about yourself.

Fill in one's annual income. If there is no income, enter the balance of one's savings and add "(Bank balance)" under the amount.

SAMPLE

- (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 22(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 institute 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

If you receive remittances, please select the relationship between the applicant and (3) Supporter.

- (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 22(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 () その他 ()
Public interest incorporated association / Public interest incorporated foundation Others

Select the organization if you receive a scholarship.

23 資格外活動の有無
Are you engaging in activities other than those permitted under the status of residence previously granted?
有の場合は、(1)から(4)までの各欄を記入(複数ある場合は全て記入すること) ※任意様式の別紙可
Fill in (1) to (4) when your answer is "Yes". (Give the information for all of the companies if the applicant works for multiple companies)*another paper may be attached, which does not have to use a prescribed format.

Circle the appropriate one.

有 無
Yes / No

If "Yes," provide details.

- (1) 内容
Type of work e.g. Server
- (2) 勤務先名称 〇〇 Restaurant 電話番号 Work Phone Number
Place of employment Telephone No.
- (3) 週間稼働時間 XX 時間 (4) 報酬 XX,XXX 円 (月額 日額)
Work time per week Hour(s) Salary Yen Monthly Daily

- 24 卒業後の予定 Plan after graduation
- 帰国 日本での進学
Return to home country Enter a school of higher education in Japan
- 日本での就職 その他 ()
Find work in Japan Others

Select your plan after graduation.

- 25 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 _____ (2) 本人との関係 _____
Name Relationship with the applicant
- (3) 住所 _____
Address
- 電話番号 _____ 携帯電話番号 _____
Telephone No. Cellular Phone No.

No need to fill in.

- 26 代理人(法定代理人による申請の場合に記入) Legal representative (in case of legal representative)
- (1) 氏名 _____ (2) 本人との関係 _____
Name Relationship with the applicant
- (3) 住所 _____
Address
- 電話番号 _____ 携帯電話番号 _____
Telephone No. Cellular Phone No.

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.
申請人(法定代理人)の署名/申請書作成年月日 Signature of the applicant (legal representative) / Date of filling in this form

Please sign in handwriting.

YYYY 年 MM 月 DD 日
Year Month Day

Please indicate the date of submission.

注意 申請書作成後申請までに記載内容に変更が生じた場合、申請人(法定代理人)が変更箇所を訂正し、署名すること。
申請書作成年月日は申請人(法定代理人)が自署すること。
Attention In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (legal representative) must correct the part concerned and sign their name.
The date of preparation of the application form must be written by the applicant (legal representative).

- ※ 取次者 Agent or other authorized person
- (1) 氏名 _____ (2) 住所 _____
Name Address
- (3) 所属機関等(親族等については、本人との関係) _____ 電話番号 _____
Organization to which the agent belongs (in case of a relative, relationship with the applicant) Telephone No.

No need to fill in.