

STATEMENT OF NO INCOME AND NO OCCUPATION

Name of Faculty/Graduate School ()	Undergraduate/ Master's Course / Doctoral Course
Student ID	Full Name

To: President of Kobe University

1. I hereby declare that my spouse has no income and no occupation. (as of April 1st for 1st semester, as of October 1st for 2nd semester)

Name of Spouse: _____

Relationship: _____

2. Statement (Describe the reason and circumstance of no income and no occupation neatly.)

