		Application form		Enrollment Enrollment F		-	
				2025年	(year)	4月(month)	1
To	the	President, University of Miy	azaki				
		reby submit this application fo enrollment fee payment / defe					ion from
The applicant	Faculty	【Under graduate】Faculty:		Course :	!	grade :	
		[Graduate school] Faculty:		Course :	!	grade :	
		20 (year) ((month) (only	University for Graduated students)	Fa	culty Graduation	
	Name	(to be signed by the applicant)					
Bearer of expenses	Name	(to be signed by the applicant) (to be signed by the Bearer of expense	es)				
	Address	Postal code ¯ (phone num	ber ☎ ()	_	
		's remarks (only for Doctoral stu 手で記入してください。	udents and fo	or self-supported inte	rnational	students)	
Supe	rvisoı	's name, faculty, and status	sea				
			Œ	D)			