

<For Office Use Only>

Examinee's Number

Request Form for an Application Fee Waiver, 2025 Doshisha University

If you would like to apply for an application - screening fee waiver, please submit this request form with your other application documents. If you submit this form, you are exempted from the application fee. Please note that you will not be reimbursed under any circumstances once the payment of screening fee has been made.

1. Name of the Faculty and Department to which you are applying for **The Institute for the Liberal Arts**

2. Applicant Name _____
Last (Family) First (Given) Middle

3. Nationality 1 _____

Nationality 2 (for applicants with dual or multiple nationality) _____

4. Current address

Tel:

Fax:

5. E-mail _____

Eligible Countries (47 recipient countries of ODA, reporting on 2024 and 2025 flow)

○ Least Developed Countries *45 countries

Afghanistan, Angola, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Central African Rep., Chad, Comoros, Democratic Republic of the Congo, Djibouti, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Tanzania, Timor-Leste, Togo, Tuvalu, Uganda, Yemen, Zambia

○ Low Income Countries which are not LDCs *2 countries

D.P.R.Korea, Syrian Arab Republic

● I certify that the information given in this application is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____

Doshisha University