

For applicant

Please write in Black ink. No erasable ink. No double-sided printing.

SAMPLE

在留資格変更許可申請書
APPLICATION FOR CHANGE OF STATUS OF RESIDENCE

法務大臣殿
To the Minister of Justice

出入国管理及び難民認定法第20条第2項の規定に基づき、次のとおり在留資格の変更を申請します。
Pursuant to the provisions of Paragraph 2 of Article 20 of the Immigration Control and Refugee Recognition Act,
I hereby apply for a change of status of residence.



- 1. 4 cm long and 3 cm wide
2. Hatless and looking straight ahead
3. Without background
4. Clearly printed
5. Taken within 3 months before submission
6. Your name on the back
7. Color or black-and-white

1 国籍・地域 China 2 生年月日 xxxx 年 x 月 x 日
3 氏名 WASEDA TARO
4 性別 Male/Female 5 出生地 Beijing, China 6 配偶者の有無 Married/Single
7 職業 学生 8 本国における居住地 Changchun, Jilin, China
9 住居地 東京都新宿区西早稲田XX-X
10 旅券(1)番号 XX123456789 (2)有効期限 20xx 年 x 月 x 日
11 現に有する在留資格 Dependent 在留期間 3 years
12 在留カード番号 987654321
13 希望する在留資格 留学
14 変更の理由 e.g.) To study at Waseda University
15 犯罪を理由とする処分を受けたことの有無 No
16 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者 No

Write your name in alphabetic letters exactly as it is written in your passport. Write in block letters, and all capital letters. (Do not write your name in KANJI.) If you wish to have your name written in KANJI on your residence card, you will need to separately submit the "Application for Indication of Name Using KANJI Characters on the Residence Card".

The name of city and country (The name of country, city and province for China and Vietnam)

Table with 7 columns: Relationship, Name, Date of birth, Nationality/Region, Residing with applicant or not, Place of employment/ school, Residence card number. Includes instructions for item 16.

※ 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記載不要です。
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 not required to fill in item 16 for applications pertaining to "Trainee" or "Technical Intern Training".

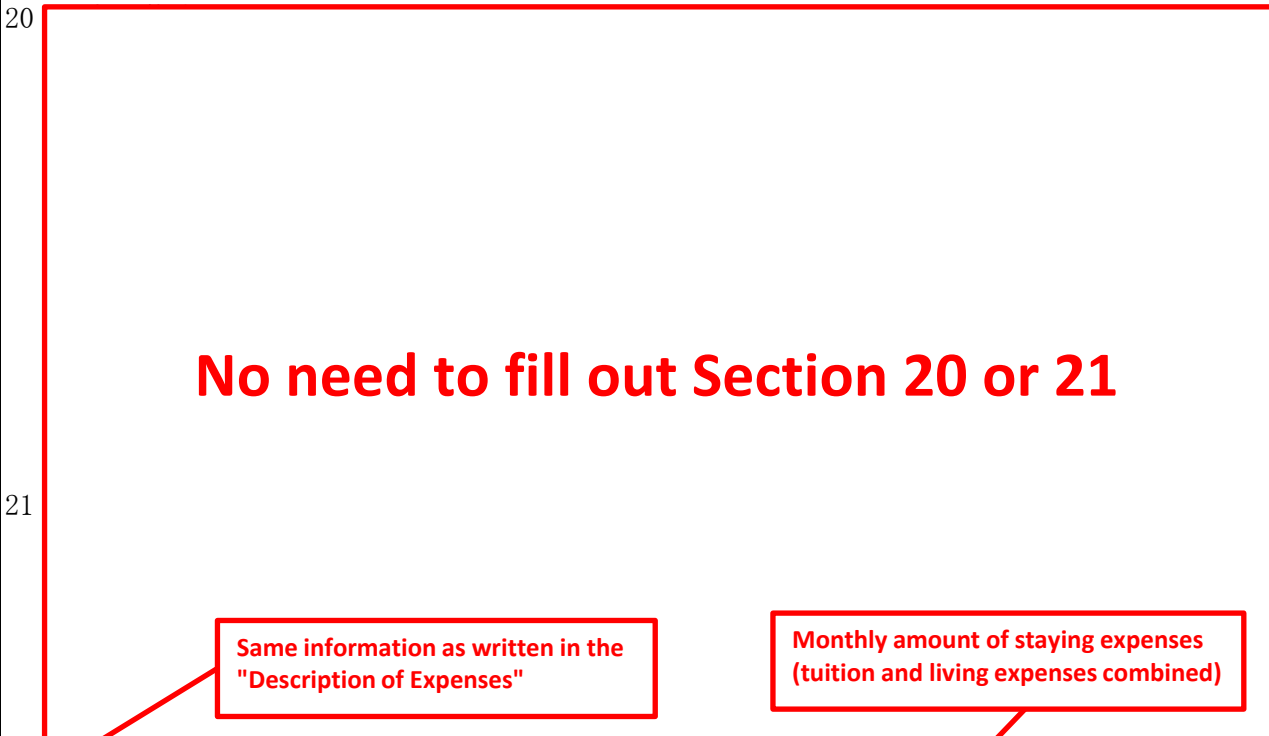
(注) 裏面参照の上、申請に必要な書類を作成して下さい。 Note : Please fill in forms required for application. (See notes on reverse side.)

17 通学先 Place of study
 (1)名称 早稲田大学
 Name of school
 (2)所在地 東京都新宿区西早稲田1-6-1 (3)電話番号 03-3203-9806
 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) 16 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 OO University (3)卒業又は卒業見込み年月 xx 年 xx 月
 Name of the school Date of graduation or expected graduation Year Month



22 滞在費の支弁方法等 (生活費、学費及び家賃等全てについて記入すること。) ※複数選択可
 Method of support to pay for expenses while in Japan (fill in with regard to 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 円 在外経費支弁者負担 200,000 円
 Self Yen Supporter living abroad Yen
 在日経費支弁者負担 円 その他 円
 Supporter in Japan Yen Others Yen

Carrying: total amount of carrying cash for the past year
 Remittance: yearly or monthly amount (ex. 3 million/yr., 200,000/yr.)
 If you are receiving living expenses by credit card such as Union Pay Card, write the yearly or monthly amount in "others" and write the name of the card in the margin.

(2)送金・携行等の別 Remittances from abroad or carrying cash
 外国からの携行 円 外国からの送金 2,400,000/year 円
 Carrying from abroad Yen Remittances from abroad Yen

In (1), if you chose "Self," "Supporter Living abroad," or "Supporter in Japan," fill in (3). If you chose both "Self" and "Supporter Living abroad" or "Supporter in Japan," write information on the supporter living abroad or the supporter in Japan. If this supporter does not have an annual income, cross out "annual income" and write "account balance," and fill in the amount.

(3)経費支弁者 (扶行者) 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 WASEDA ICHIRO
 Name
 ②住所 1* Zhong Guan Cun, Hai Dian Qu, Beijing, China 電話番号 000-△△△
 Address Telephone No.
 ③職業 (勤務先の名称) Accountant/△△ Corporation 電話番号 000-□□□
 Occupation (place of employment) Telephone No.
 ④年収 5,000,000 円
 Annual income Yen

Do not forget to fill in both numbers.

(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

(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

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、(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.

If you are currently working part-time, circle "Yes," and fill out (1)-(4). If you are not working, circle "No."

有・無
Yes / No

(1) 内容
Type of work **Casher**

(2) 勤務先名称
Place of employment **〇〇 Convenience store** 電話番号 Telephone No. **03-xxxx-xxxx**

(3) 週間稼働時間
Work time per week **15** 時間 Hour(s) (4) 報酬 Salary **70000** 円 Yen (月額 日額) Monthly Daily

24 卒業後の予定 Plan after graduation **The plan at the time of application**

- 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

25
26
No need to fill out Section 25 or 26

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

Signature of the applicant may be written in Kanji, Alphabet, Hangul, etc. **Waseda Tara** 20xx 年 x 月 x 日
Year Month Day

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。
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.

Do not fill in this section.