

申請人等作成用  
For applicant, part1

Use Black ink. No erasable ink. No double-sided printing.

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

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.

Ministry of Justice  
Department of Justice  
Immigration Bureau  
Tokyo

写真

Photo

40mm × 30mm

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

Print your name exactly as it is written in your passport in the order of family name and given name, in uppercase alphabetic 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".

Be sure to write the name of the country, too. For China and Vietnam, write the name of the province as well as that of the city.

If you do not have a phone number, write N/A here.

Fill in as stated on your residence card.

Count the months until graduation including the month when you fill out this form. (For instance, if you are filling out this form in February and will graduate in September in the same year, you should write "8 months".) If you need to extend your enrollment, please add the expected month and year of graduation to number 14. Example: To continue studying at Waseda University (expected graduation is September, 20〇〇)

1 国籍・地域 Nationality/Region	China	2 生年月日 Date of birth	xxxx 年 x 月
3 氏名 Name	WASEDA TARO		
4 性別 Sex	男・女 Male/Female	5 配偶者の有無 Marital status	有・無 Married / Single
6 職業 Occupation	居住地 Changchun, Jilin, China		
8 住居地 Address in Japan	東京都新宿区西早稻田XX-X		
9 電話番号 Telephone No.	N/A	携帯電話番号 Cellular phone No.	090-XXXX-XX
10 旅券 (1) 番号 Passport Number	XX123456789	(2) 有効期限 Date of expiration	20xx 年 x 月 x 日
11 現に有する在留資格 Status of residence	留学	在留期間 Period of stay	X years X months
在留期間の満了日 Date of expiration	20xx 年 x 月 x 日		
12 在留カード番号 Residence card number	DUXXXXXXXXXXF		
13 希望する在留期間 Desired length of extension	1 year 6 months		
14 更新の理由 Reason for extension	e.g.) To continue studying at Waseda University		
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。) ※交通違反を含む Criminal record (in Japan / overseas)※Including dispositions due to traffic violations, etc.	有 ( 具体的内容 ) Yes ( Detail: ) / No		
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 Yes (If yes, please fill in your family members in Japan and co-residents in the following columns) / No		

続柄	氏名	生年月日	国籍・地域	同居の有無	勤務先名称・通学先名称	在留カード番号 特別永住者証明書番号
Relationship	Name	Date of birth	Nationality/Region	Residing with applicant or not	Place of employment/ school	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に記載してください。  
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) 申請書に事実と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.

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) 年  
Total period of education (from elementary school to last institution of education)  
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 ☐  
Registered enrollment Graduated In school Temporary absence  
☐ 大学院 (博士) ☐ 大学院 (修士) ☐ 大学 ☐ 短期大  
Doctor Master Bachelor Junior co  
☐ 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 (3)卒業又は卒業見込み年月 年 月  
Name of the school Date of graduation or expected graduation Year Month

Sections 18 and 19 need to be filled in if schools or student ID numbers have changed during your current period of stay, or if you will need to extend your period of stay because schools or student ID numbers will be changing.

20  
21  
**No need to fill out Section 20 or 21**

Write the same information as written in the "Description of Expenses" !

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)  
Method of support to pay for expenses while in Japan (fill in with regard to living expenses, tuition and rent, meals and other necessities)

(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  
Supporter in Japan  
☐ その他 円  
Others Yen  
Carrying: total amount of carried 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, write the yearly or monthly amount in "others" and write the name of the card in the blank space.

(2)送金・携行等の別 Remittances from abroad or carrying  
☐ 外国からの携行 円 ☒ 外国からの送金 1,200,000/year 円  
Carrying from abroad Yen Remittances from abroad Yen

(携行者) 携行者  
Name of the individual carrying cash  
(3)経費支弁者 (扶養者) 扶養者  
Supporter (If there is more than one, write the name of the person who is the main supporter.)  
①氏名 WASEDA ICHIRO  
Name

②住所 1\* Zhong Guan Cun, Hai Dian Qu, Beijing, China 電話番号 〇〇〇-△△△  
Address Telephone No.

③職業 (勤務先の名称) 職業 (place of employment) ④年収 5,000,000 円  
Occupation (place of employment) Annual income Yen

If this supporter does not have an annual income, cross out "annual income" and write "account balance," and fill in the amount.

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  
Husband

☐ 妻  
Wife

☒ 父  
Father

☐ 母  
Mother

☐ 祖父  
Grandfather

☐ 祖母  
Grandmother

☐ 養父  
Foster father

☐ 養母  
Foster mother

☐ 兄弟姉妹  
Brother / Sister

☐ 叔父 (伯父)・叔母 (伯母)  
Uncle / Aunt

☐ 受入教育機関  
Educational institute

☐ 友人・知人  
Friend / Acquaintance

☐ 友人・知人の親族  
Relative of friend / acquaintance

☐ 取引関係者・現地企業等職員  
Business connection / Personnel of local enterprise

☐ 取引関係者・現地企業等職員の親族  
Relative of business connection / personnel of local enterprise

☐ その他 ( )  
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  
Foreign government

☐ 日本国政府  
Japanese government

☐ 地方公共団体  
Local government

☐ 公益社団法人又は公益財団法人 ( )  
Public interest incorporated association / Public interest incorporated foundation

☐ その他 ( )  
Others

23 資格外活動の有無  
Are you engaging in activities other than those mentioned 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.

(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 ( ☒ 月額 ☐ 日額 )  
Monthly Daily

24 卒業後の予定 Plan after graduation

☒ 帰 国  
Return to home country

☐ 日本での進学  
Enter a school of higher education in Japan

☐ 日本での就職  
Find work in Japan

☐ その他 ( )  
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 Taro

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。  
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).

Do not fill in this section.