DD/MM/YY

Refund Request Form

(For Applicants of Research and Non-degree Programs)

<attached documents=""></attached>					
"収納証明書(Certificate of Payment)"					
or "Form C" or "a copy of your bank's					
foreign remittance request form"					

To the President of Tokyo University of the Arts,

I hereby request a refund of the screening fee paid as described below.

[Description]

Program						
Reference Number(5 digit) or	(Note1)					
Payment Processing number						
(12 digit)						
Name	Signature					
Address						
Telephone number						
E-mail						
Reason for refund request	 Application rejected 					
(Choose a reason from the list)	Lack of application documents					
	$\hfill\square$ Made double payment of the examination fee					
Refund amount	□ Research 9,800 yen					
(Choose the program you	□ Non-degree 9,800 yen					
applied to)						

(Note 1) If you are a Research applicant and have paid the screening fee at a convenience store or credit card, please enter the 12-digit Payment Processing number on your "収納証明書(Certificate of Payment)". Other applicants are required to provide a 5-digit reference number, which can be found in Form AB, and C. *Provide your bank details in one of the following sections

[Refund to Japanese Bank Account] (Provide information exactly(i.e., in Kanji and furigana, or in

alphabet)_as you declared at your Japanese bank. Where there are options, choose one.)

Bank Na	ne				Bank (銀行) ・ Shinkin Bank(信用金庫) ・Kumiai(組合)					
Branch					Main office(本店) ・Branch(支店) ・ Sub-branch(出張所)					
Deposit T	'ype	Savings(普通) ・ Checking(当座)						ecking(当座)		
Account 1	No.								(Right-aligned)	
Account	フリカ゛ナ									
Holder's	名 前									
Name	Name	Relationship to the applicant ()								
* When the account holder is different from the applicant, tick the following box.										
□ I hereby designate the above mentioned account holder to receive my refund.										

[Refund to International Bank Account]

Account Holder	
Address	
Country	
Account No.	
Bank Name	
Branch	
Bank Address	
Location of Bank(Country)	
ABA NO./ROUTING NO./ SORT CODE/BIC CODE etc.	

* When the account holder is different from the applicant, tick the following box and provide the relationship to the applicant.

I hereby designate the above mentioned account holder to receive my refund.
 (Relationship to the applicant _____)

Send the completed form to:

Accounting Section, Financial Accounting Division, Tokyo University of the Arts

12-8 Ueno-Koen, Taito-ku, Tokyo 110-8714, Japan