

Graduate School of Medicine, Science and Technology

Payment Method of Entrance Examination Fee

- Please pay an entrance examination fee of JPY 30,000 by either of the following methods.
(Please write or type in BLOCK LETTERS.)

Note The following applicants do not have to pay the entrance examination fee and not to submit this Form.

- ◆ Japanese Government Scholarship students
- ◆ Current students who are expected to complete a Master's Course or a first-term Doctoral Course of Shinshu University by the end of the previous month of the admission.

Name in English			Nationality	Currently Residing Country
	Family Name	First Name		
In native Language [*1]			Which payment method do you prefer? (Please check one)	
			<input checked="" type="checkbox"/> A	<input type="checkbox"/> Credit Card
			<input checked="" type="checkbox"/> B	<input type="checkbox"/> Bank Transfer

[*1] In your native language, write your family name first then your first name.

- A** Those who selected **A) Credit Card**, please fill in below information.

Type of Credit Card	Credit Card Number
<p>■ Please check either card type you want to use.</p> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	- - -
Card Holder's Name (must match the applicant's name)	Expiration Date
(Please write or type the name in block letters as shown on the card.)	MONTH / YEAR

- B** Those who selected **B) Bank Transfer**, fill out B-(2).

IMPORTANT!

Applicants must pay any service fees and expenses charged by banking institutions in both home country and Japan.

B-(1) Payee's Information

Name of Bank	Mizuho Bank (Swift code:MHCBJPJT)	Account Number	1752813
Name of Branch	Matsumoto	Account Holder's Name	Shinshu University, National University Corporation
Account Type	Ordinary (Savings)	Bank Branch Phone Number	+81- (0) 263 - 32 - 2715
Bank Branch Address	2 - 5 - 8 Chuo, Matsumoto-shi, Nagano, Japan (zip code) 390 - 0811		

B-(2) Payer's Information

Please do not write in columns marked [※]

Payer's Full Name			Relation to Applicant
Family Name	First Name		
Name of Bank requested bank transfer	Account Number	Branch Name	
Payment Date	Examinee No.		※
Month / Date / Year			