

別記第三十号の二様式(第二十一条関係)

申請人等作成用 1

For applicant, part1

日本  
Mini

**\*Please write in English and use a black ballpoint pen.  
DO NOT use an erasable pen.**



• Photo (40mm X 30mm) has been taken within **three months prior** to submission.  
• Showing only the upper body and uncovered head against a blank ground.  
• Sharp, clear, no frame, no name on it. **\*\*Please check whether your photo is acceptable from QR code.\*\***

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  
Pursuant to the provisions of Paragraph 2 of Article 21 of the Immigration Control and F  
I hereby apply for extension of period of stay.

1 国籍・地域 Nationality/Region **Official name of your country** 2 生年月日 Date of birth **YYYY** 年 Year **MM** 月 Month **DD** 日 Day

3 氏名 Name **Write your name in the same alphabetic characters as shown on your residence card.**

4 性別 Sex **男・女** Male/Female **Please circle No.4 and 5** 5 配偶者の有無 Marital status **有・無** Married / Single

6 職業 Occupation **Student** 7 本国における居住地 Home town/city **your address in home country (complete address details)**

8 住居地 Address in Japan **your address in Japan (complete address details) Ex.)3-7-5,Toyosu,Koto-ku, Tokyo,Japan 135-8548**

9 電話番号 Telephone No. **if you have, your phone number in Japan \*Don't write international office's** 携帯電話番号 Cellular phone No. **if you have, your cellphone number in Japan**

10 旅券(1)番号 Passport Number **Passport number** (2)有効期限 Date of expiration **YYYY** 年 Year **MM** 月 Month **DD** 日 Day

11 現に有する在留資格 Status of residence **Student** 在留期間 Period of stay **Refer to your residence card**

在留期間の満了日 Date of expiration **YYYY** 年 Year **MM** 月 Month **DD** 日 Day **Date of expiration of the residence**

12 在留カード番号 Residence card number **Refer to your residence card** **The required months until graduation:you can write your desired length.**

13 希望する在留期間 Desired length of extension **Ex.) 5 months** (審査の結果によって希望の期間と異なる場合があります。) (It may not be as desired after examination.)

14 更新の理由 Reason for extension **Ex.) To continue study/research at Shibaura Institute of Techonology**

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。) Criminal record (in Japan / overseas) **有(具体的内容) Yes (Detail):** **Please circle No.15,16** )・無 ) / No

16 在日親族(父・母・配偶者・子・兄弟姉妹など)及び同居者 Family in Japan(Father, Mother, Spouse, Son, Daughter, Brother, Sister or others) or co-residents **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。) Yes (If yes, please fill in your family members in Japan and co-residents in the following columns) / No**

続柄 Relationship	氏名 Name	生年月日 Date of birth	国籍・地域 Nationality/Region	同居の有無 Residing with applicant or not Yes / No	勤務先名称・通学先名称 Place of employment/ school	在留カード番号 特別永住者証明書番号 Residence card number Special Permanent Resident Certificate number
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		
				有・無 Yes / No		

**Only fill in when you have family member/s or co-resident in Japan.**

※ 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.)

Toyosu: 03-5859-7140  
Shibaura:03-6722-2600  
Omiya: 048-687-5105

17 通学先 Place of study

(1)名称 Name of school **Shibaura Institute of Technology**

(2)所在地 Address **Address of your campus**

(3)電話番号 Telephone No. **Phone number of your campus**

(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) Total period of education (from elementary school to last institution of education) 年 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
- 大学院(博士)  大学院(修士)  大学  短期大学  専門学校
- 高等学校  中学校  小学校  その他 ( )

(2)学校名 Name of the school (3)卒業又は卒業見込み年月 Date of graduation or expected graduation 年 Year 月 Month

20 日本語能力 (専修学校又は各種学校において日本語教育以外の教育を受ける場合に記入)  
Japanese language ability (Fill in the followings when you study at advanced vocational school or vocational school (except Japanese language))

- 試験による証明 Proof based on a Japanese Language Test
- (1)試験名 Name of the test (2)級又は点数 Attained level or score

日本語教育を受けた教育機関及び期間 Organization and period to have received Japanese language education  
機関名 Organization 期 Period

**From No.22, please fill in how you will afford your living expenses while you stay in Japan. Each students need at least JPY 80,000 per month to make a living and in order to extend your VISA, you need to explain how you manage your living expenses.**

21 日  
Jap  
日  
Org

期間: 年 月 から  
Period from Year Month to

**If your family member support your living, fill in the monthly average amount.**

22 滞在費の支弁方法等 (生活費, 学費及び家賃等全て)  
Method of support to pay for expenses while in Japan(fill in with regard to living expenses)

- (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 **Own income(monthly average)/ saving** 円 Yen  在外経費支弁者負担 **XXXXXX** 円 Yen
- Self  在日経費支弁者負担 **XXXXXXXXXX** 円 Yen  奨学金 **Scholarship recipient: fill in monthly amount** 円 Yen
- Supporter in Japan  その他 **XXXXXXXXXX** 円 Yen
- Others

(2)送金・携行等の別 Remittances from abroad or carrying cash

外国からの携行 **XXXXXXXXXX** 円 Yen  外国からの送金 **XXXXXXXXXX** 円 Yen

Carrying from abroad Remittances from abroad

(携行者 Name of the individual carrying cash **XXXXXXXXXX** 携行時期 Date and time of carrying cash **XXXXXXXXXX** 円 Yen)

(3)経費支弁者 (複数人いる場合は全てについて記載すること)  
Supporter (If there is more than one, give information on all of the supporters)\*another person use a prescribed format.

- ①氏名 **Supporter's name**
- ②住所 **Supporter's address (complete address details)** 電話番号 **Supporter's phone number**
- Address Telephone No. phone number of the current occupation
- ③職業 (勤務先の名称) **Supporter's current occupation** 電話番号
- Occupation (place of employment) Telephone No.
- ④年収 **Ex)3,000,000** 円 Yen **Supporter's income per year OR the amount of deposit balance in Yen.**
- Annual income

**If the supporter is not working now but has enough income/saving, write "Retired(Deposit balance)."**

**(4) Black out the appropriate item if you have chosen "Supporter in Japan"**

- (4) 申請人との関係 (上記(1)のRelationship with the applicant (Check one of the following when your answer to the question 22(1) is supporter living abroad or supporter in 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  叔父(伯父)・叔母(伯母) Uncle / Aunt  受入教育機関 Educational institute  友人・知人 Friend / Acquaintance
- 親族 acquaintance  取引関係者・現地企業等職員 Business connection / Personnel of local enterprise
- 現地企業等職員の親族 relative of business connection / personnel of local enterprise  その他 ( ) Others

**(5) Scholarship recipients only**

- (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 ( )  その他 ( )  
Public interest incorporated association  Public interest incorporated foundation

**If you have a part time job, please circle "**

- 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・無 Yes / No**
- 有の場合は、(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.

- (1) 内容 Type of work **If you have a part time job, fill in the type of work. Ex.) Washing dishes**
- (2) 勤務先名称 Place of employment **Ex.) Shibaura Restaurant** 電話番号 Telephone No. **Phone number of your work place**
- (3) 週間稼働時間 Work time per week **must be less than 28 hours** 時間 Hour(s) (4) 報酬 Salary **Monthly or Daily Salary** 円 (  月額  日額 )  
Yen 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

**Black out Monthly or Daily.**

- 25 本邦における申請人の監護人(通学先が中学校又は小学校の場合に記入)  
Actual guardian in Japan(Fill in the following if the applicant is to study at a junior high school or elementary school)
- (1) 氏名 Name \_\_\_\_\_ (2) 本人との関係 Relationship with the applicant \_\_\_\_\_
- (3) 住所 Address \_\_\_\_\_
- 電話番号 Telephone No. \_\_\_\_\_ 携帯電話番号 Cellular Phone No. \_\_\_\_\_
- 26 代理人(法定代理人による申請の場合に記入) Legal representative (in case of legal representative)
- (1) 氏名 Name \_\_\_\_\_ (2) 本人との関係 Relationship with the applicant \_\_\_\_\_
- (3) 住所 Address \_\_\_\_\_
- 電話番号 Telephone No. \_\_\_\_\_ 携帯電話番号 Cellular Phone No. \_\_\_\_\_

**no need to fill in No.25,26**

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

**Don't forget your sign**

YYY 年 M 月 DD 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.

- ※ 取次者 Agent or other authorized person
- (1) 氏名 Name \_\_\_\_\_ (2) 住所 Address \_\_\_\_\_
- (3) 所属機関等(親族等)との関係 Organization to which the agent belongs (in case of a relative, relationship with the applicant) 電話番号 Telephone No. \_\_\_\_\_

**no need to fill in this part**