Part-time Work of Foreign Student Confirmation Form										
Appli -cant	Name					Alien registration	No.			
	Department (Major)					Term				
	Tel No.		e-mail							
The expected place of employ-ment	Company name									
	Business registration No.					1	Type of industry			
	Address									
	Employer					(Seal/Sig)	Г	Гel No.		
	Period of working							Wage er hour)		
	Working hours		Weekday:			Sat-Sun:				
I hereby confirm that the above named student is enrolled at our university, and										
considering his/her academic and research progress hitherto, I believe that the part-time										
job indicated above will not impede his/her learning (research) in school.										
20										
○ ○ The head of immigration (branch) office										
		Uni.								
Confirma		IEQAS		YES□ N						
from a U Officia		Job Positior (Tel No.)				Name			(Seal/Sig)	