

International Residence Hall Guide

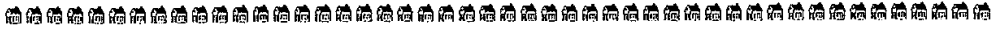
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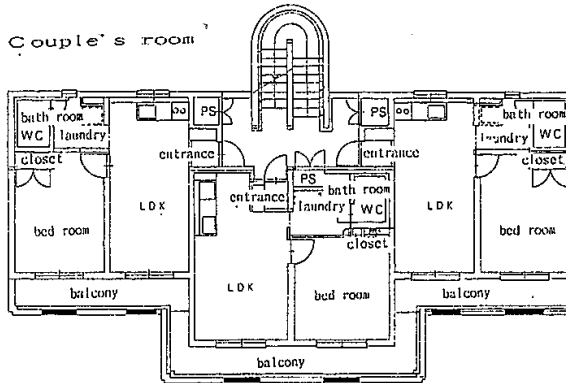
浜松医科大学
Hamamatsu University School of Medicine

Residents of the International Residence Hall must read this booklet,
and follow the rules.

Layout of the International Residence Hall

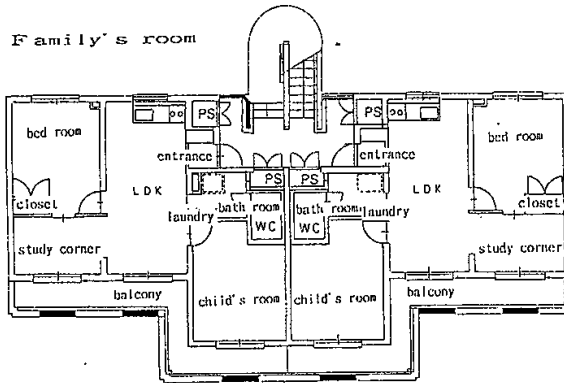


Dormitory for families



Layout of 3rd and 4th floors

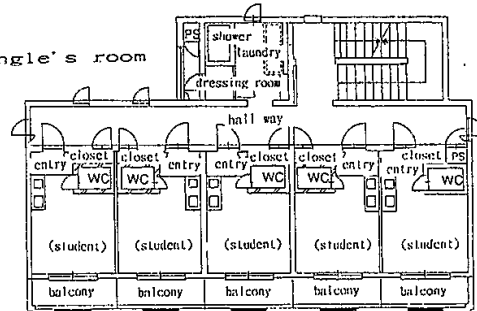
Family's room



Layout of 1st and 2nd floors

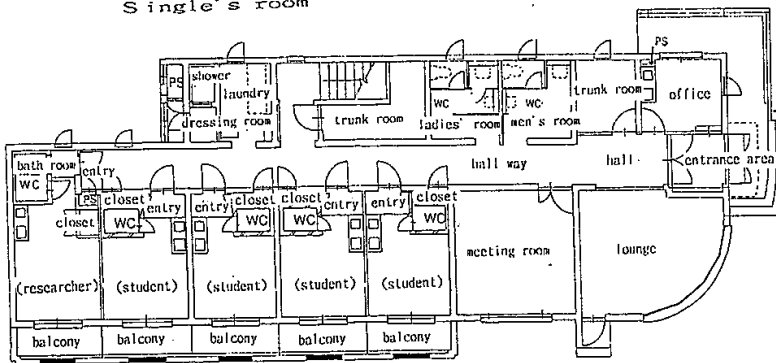
Dormitory for single persons

Single's room



Layout of 2nd to 4th floor

Single's room



Layout of 1st floor

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Constructional Purpose

Hamamatsu University School of Medicine International Residence Hall (hereafter referred to as the HUSM Residence) was established to provide housing for International Students and Researchers to promote international exchange activities in education, research, and culture at Hamamatsu University School of Medicine.

Administration and Operation

The Director is responsible for overseeing the system of administration of the HUSM Residence. Hamamatsu University School of Medicine International Center organizes a steering committee for the administration and operation of the HUSM Residence. The assigned manager will consult with residents when problems arise. All office matters related to the HUSM Residence are handled by the International Office of Student Affairs Division.

Eligibility for Residency

1. To be eligible for residency, the applicant must meet one of the criteria below.
 - (1) International students registered at the Hamamatsu University School of Medicine (hereafter referred to as HUSM) and their family (spouse and unmarried children).
 - (2) International researchers engaged in education or research at HUSM and their family (spouse and unmarried children).
 - (3) Others approved by the Director.
2. To be eligible for residency according to the types of room, the applicant must meet the criteria below.
 - (1) Single's room resident: a person who resides alone (spouse, children, parents and siblings are not admitted).
 - (2) Couple room resident: a married person and his/her spouse and children (preschooler).
 - (3) Family room resident: a married person and his/her spouse and children (parents and siblings are not admitted).

Admission and Departure

1. Admission procedures
Application Form (Form 1-1) and Certificate of Health (Form 1-2) must be submitted to the Director of the HUSM Residence.
2. Approval
Permission for Admission (Form 1-3) will be issued upon the Director's approval.
3. Moving-in
 - (1) Persons taking up residence at the HUSM Residence are required to follow all instructions from the International Office of Student Affairs Division.
 - (2) Notification of Arrival at the Residence (Form 1-4) must be submitted immediately upon moving-in.
 - (3) Changing rooms after moving-in is not possible.

4. Inspection of the room upon Admission and Departure
Previously, there were incidents including but not limited to: severe marking of the floor (seemingly caused by walking with outside shoes inside the room), oily stains around the kitchen, mold in the shower/lavatory, wall damage caused by decorations. Restoring the rooms to acceptable condition is very costly when there are such blemishes. To prevent these kinds of incidents, we will inspect the room as follows:

Upon admission, staff from the International Office of Student Affairs Division check the room inside following the list (Form 6-1) with generally attendance of the resident, and take photos of it. In addition, at the time of extension of residency term and/or the time of departure, the staff will inspect the room following the same check list and procedure (Form 6-2). In case the facilities or the equipment has been damaged by the resident's fault, the resident must make reparations or restore the affect item(s) without delay.

5. Period of residence
The maximum period of lease is one year in principal. Application for Extension of Residence (Form 2-1) must be submitted at least 30 days before the termination of residency period to apply for the extension of residence. In addition, room inspection by the staff from the International Office of Student Affairs Division, while the resident is present, is required. In the case of a resident who will stay less than 1 month, they must submit the application immediately. A Certificate of Extension of Residence (Form 2-2) will be issued upon permission being granted.

6. Vacating the Residence
Residents must vacate their room immediately when any of the following applies.
 - (1) Termination of permitted period of residency.
 - (2) Cancelation of Permission of Residence by Notification of Eviction (Form 4) issued according to Article 13 of the HUSM Residence Rules and Regulations.
 - (3) Loss of eligibility of residency as stipulated in Article 14 of the International Residence Hall Regulations.

7. Departure Procedure
Notification of Departure (Form 3) must be submitted.

8. Room Inventory Check
 - (1) The room must be cleaned and restored to its original state before departure.
The furniture and household appliances equipped in the room must be cleaned as well. The staff from the International Office of Student Affairs Division will check inside the room following the Inventory Check Sheet, while the resident is present, before the resident departs.
 - ① All personal belongings must be removed on departure.
 - ② Bedding futon and blankets must be cut into pieces shorter than 60 cm, tied with strings and discarded on burnable rubbish day.
 - ③ For special item refuse such as bicycles and electrical appliances (e.g. rice cooker, electric fan, and heater), please contact the Rubbish Reception Center (Tel: 053-453-2288) and apply for collection or delivery of the items in question. For PCs, contact the computer shops purchased to request collecting products.
 - ④ Illegal dumping of waste is strictly prohibited and punishable by law.

- (2) The cleaning fee after moving out will be paid from the deposit, however, in case the room is excessively soiled by the resident's fault, the exceeded cost for cleaning will be charged to the resident.
- (3) The keys must be returned to the International Office of Student Affairs Division on departure.

Resident's Responsibilities

1. Maintenance

Residents are responsible for any damage, loss, or uncleanliness, of any and all items in their room. They must reimburse the University for any such loss or damage. Reimbursements for restoration will be paid from the deposit and any shortfall must be paid additionally before departure. The resident will be charged for the shortfall in cases where the amount of reimbursement exceeds the deposit. The deposit is refundable only when there is no damage or loss.

(1) Renovation paid by HUSM

Damages caused by aging or natural disaster such as earthquake and typhoon, which may involve interference with daily activity or have potential to harm the HUSM Residence buildings will be paid by HUSM.

(2) Renovation paid by the Residents

Loss or damage caused in daily activity, except those stated in (1) above.

2. Remodeling and repairs

Remodeling and repairs of the facilities and furnishings, and changing wallpaper are prohibited. Easy changes are permitted (such as changing the position of furniture, which can be restored easily to its original state).

3. Keys

For the period of residence, the residents are responsible for the keys of their own Residence rooms. Residents must report any damage or loss to the International Office of Student Affairs Division immediately. Replacement costs must be borne by the resident. Making duplicates or lending keys to a third party is strictly prohibited. The Main Entrance door of the Single's building locks automatically and can be opened with each room key.

4. Health and hygiene

(1) The shared areas of the HUSM Residence must also be kept clean and tidy. Please make an effort to maintain comfortable living conditions for everyone. Facilities that you use must be kept fine and clean by yourself.

(2) The use of outside shoes inside rooms is strictly prohibited. Please always take off your shoes inside room.

(3) Each resident is responsible for keeping their own room, veranda and hallway clean. They are also responsible for properly disposing of their own rubbish.

(4) Do NOT pour oil or vegetable waste into the kitchen sink. It may cause blockages, and thus lead to expensive repairs, costs for which will be charged to the resident(s).

(5) Do NOT flush any paper other than toilet paper down the toilet. It may cause blockages, and thus lead to expensive repairs, costs for which will be charged to the resident(s).

(6) The shower room and laundry room must be kept clean after use; rubbish should be removed after each use.

- (7) Do NOT make loud noises or cause any other disturbances. Do NOT leave personal belongings in the common area, such as the entrance, the hallways and the stairs.
- (8) Littered or soiled common areas should be cleaned by those who are responsible.
- (9) Rubbish should be categorized and disposed at the rubbish collection room according to 'Rubbish Collection Calendars'. Rubbish disposal rule is established very strictly in Japan. When disposing of rubbish, please obey the following rules:
 - ① Designated rubbish bags must be used for rubbish disposal (less than 45 liters), which are available for purchase at supermarkets, DIY Stores, drugstores and convenience stores in Hamamatsu City.
 - ② Residents must follow the 'Guidelines for Rubbish Disposal and Recycling for Household Waste' and 'Rubbish Collection Calendars'.
 - ③ The rubbish collection room must be kept as clean as possible.
- (10) Hamamatsu University School of Medicine has a strict "No Smoking" policy throughout all areas. This includes common spaces in the International Residence Hall, such as entrance, stairs, aisle etc., which are all No Smoking. Smoking is only permitted inside your own room. In case of wall stains that seem to be caused by smoking, the resident will be responsible for restoration or the cost of repair.

<<For the use of Common Spaces in the Single's Building>>

- (1) Make sure to keep the common spaces that you use clean and tidy.
- (2) Don't put your personal belongings in the common spaces other than in designated areas.
- (3) When the staff from the International Office of Student Affairs Division finds personal belongings that are left in the common spaces, we will collect or dispose of the things if necessary.
- (4) Shower Room
Please always clean the shower room after you used it (including hair stuck in the drain).

5. Pets

Pets are not allowed in the HUSM Residence.

6. Fire prevention

Careful fire prevention is requested in case of using appliances that cause fire or smoke. Fire extinguishers and fire alarms are set on each floor. Residents should check and know how to handle them in advance.

7. Inspection

The International Office of Student Affairs Division inspects the condition of facilities and furnishings in the HUSM Residence room with the consent of the occupants if necessary. The person in charge will enter the room and check the usage status when the resident wishes to extend the residency period. In the case of an emergency, the International Office of Student Affairs Division may enter without the occupants' consent.

8. Internet Connection

<<Families Building>>

Network Connection Cable is equipped. Please connect your computer with the plug socket on the wall.

<<Single's Building>>

You can connect to the internet with Wi-Fi. Please look at the password inside the instruction

guide book of each room.

9. Mail

Postal mail will be delivered to the mailbox of each resident at the entrance.

10. Notices for Residents

General notices for residents will be emailed and/or posted on the notice board. Notices by the residents must be posted in the specified space.

11. Visitors

Residents are allowed to have visitors only in the lounge of the Single's building. Visiting hours are from 9:00 am to 9:00 pm.

12. Visitors' lodging

Visitors' staying over-night is not allowed in the Single's rooms of HUSM Residence. A "Letter of Reason for Application for Special Permission for Temporary Visitor" must be submitted to the International Office of Student Affairs Division in advance, when visitor(s) wish to lodge in the dormitory for families.

13. Absence from the HUSM Residence

Residents must inform the International Office of Student Affairs Division in advance for their absence and leave emergency contact information.

14. Delivery

Residents can arrange for delivery service such as newspapers or dry cleaning through local shops. In such cases it is their own responsibility for acceptance and payment.

15. Meetings

Booking at the International Office of Student Affairs Division is required for the usage of the Meeting Room in the Single's building. It should be booked at least 7 days prior to the intended usage. Please post the notification of usage to other residents. Make sure not to be noisy and finish the meeting by 10:00 pm. The Meeting Room must be cleaned by the user.

16. Noise

The volume of audio devices such as: TVs, radios, stereos, computers, must be adjusted so as not to bother neighbors.

17. Revision of this guide

The contents of this guide are subject to change. Any changes will be notified to the residents by the International Office of Student Affairs Division.

18. Parking Permit

To park your car at the HUSM Residence, an Application for Parking Permit (Form 5-1) must be submitted to the Director of the HUSM Residence. A Parking Permit (Form 5-2) will be issued upon the Director's approval. Parking is permitted only in the designed area and the parking permit must be clearly displayed in the front window of the car.

Unpermitted parking is subject to tire lock (except for short-term visitor's cars in permitted areas).

To park your bicycle or motorcycle at the HUSM Residence, a separate procedure is required. Please contact the International Office of Student Affairs Division.

19. Miscellaneous

HUSM contact: Student Affairs Division, International Office (053-435-2210) Email : kokusai@hama-med.ac.jp

Emergency contact at night and on holidays

International Center Email: HUSM_IC@hama-med.ac.jp

Or Hamamatsu University Hospital, After-hours reception (1st floor, East entrance) TEL: 053-435-2616

Facilities, Furnishings and Housing Fees

1. Address

1-11-1 Handayama, Higashi-ku, Hamamatsu-city 431-3125 (Single)

1-11-2 Handayama, Higashi-ku, Hamamatsu-city 431-3125 (Couple, Family)

2. Location

The HUSM Residence is on the campus of Hamamatsu University School of Medicine which is located about 11km north of the JR Hamamatsu Station.

3. Facilities

Public facilities			Housing facilities		
Room Type	Area	Floor	Type	Number of Rooms	Area
Meeting room	19 m ²	1	Single	19	13 m ²
Lounge	20 m ²	1	Single	1	17 m ²
Shower room	3 m ²	each floor	Couple	6	41 m ²
Laundry	5 m ²	each floor	Family	4	61 m ²

4. Furnishings

Each room has the following furnishings, together with an air conditioner.

Furnishing	Single	Couple	Family
Bed	○	○	○
Desk	○	○	○
Chair	○	○	○
Desk light	○	○	○
Storage shelf	○	○	○
Sink	○	○	○
Gas range		○	○
Electric cooking stove	○		
Refrigerator	○	○	○
Microwave	○	○	○
Chest		○	○
Dining table		○	○
Dining chair		○	○
Washing machine	common use	○	○
Child's bunk bed			○
Unit bath		○	○
Shower	common use		
Vacuum cleaner	common use	○	○

※ Preparation for Residency

Bedding (Futon, Sheet, blanket, pillow, pillow cover), cooking utensils, dishes and daily necessities must be prepared by the residents themselves.

It might be economical to buy bedding for long stay. Rental Bedding sets are available for short stay (3,060yen for the first 10 days (fixed), 306yen/day afterward).

5. Rent and Utility Fees

Residents must make the following payment each month by the fixed date to the International Office of Student Affairs Division.

(1) Rent

(2) Management fee

Management fee is the cost for the electricity, gas and water of the common area use, for its cleaning, and internet fee. A fixed amount is charged to all the residents every month.

(3) Utility fee

Utility Fee is charged according to the rate of individual consumption.

(4) Monthly fees

Type of room	Rent	Management Fee	Utility Fee
[for singles]			
Single(1) 13.16 m ² × 19 rooms	13,000 yen	4,000 yen	Actual expense
Single(2) 16.89 m ² × 1 room	17,000 yen	4,000 yen	
[for families]			
Family 56.56 m ² × 4 rooms			Actual expense
1F 2 rooms	35,000 yen	3,000 yen	
2F 2 rooms	33,000 yen	3,000 yen	
Couple 6 rooms	30,000 yen	3,000 yen	
(1) 39.93 m ² 4 rooms			
(2) 39.13 m ² 2 rooms			

※ In case of moving-in/out in the middle of the month, the rent is pro-rated.

(5) Deposit and Cleaning fee

In order to facilitate the settlement of charges which occur upon departure, residents must pay the following deposit and cleaning fee to the International Office of Student Affairs Division.

Type of room	Deposit	Cleaning
Single	10,000 yen	10,000 yen + tax
Couple	20,000 yen	20,000 yen + tax
Family	30,000yen	30,000 yen + tax

(6) Parking fee

Residents permitted parking must make a payment of 1,000 yen for the monthly fee. It is considered as one whole month even if your usage starts in the middle of the month.

(7) Miscellaneous

- ① The Meeting room maybe only be used between 10am and 10pm.
- ② A 100-yen coin needs to be inserted when using the Coin Washing Machines and Drying Machines. The coin will be returned after the use.
- ③ The Main Entrance for the Single's building locks automatically (it opens with each room key).

入 居 許 可 申 請 書

Application for Residence

浜松医科大学国際交流会館長 殿

To : The Director, Hamamatsu University School of Medicine International Residence Hall

_____年_____月_____日
Date : Year Month Day

氏 名 _____

Name (Print)

署 名 _____

Signature

生 年 月 日 _____ 国 籍 _____

Date of Birth

Nationality

下記のとおり、国際交流会館に入居したいので申請いたします。

I hereby apply for admission to the International Residence Hall.

会館の施設・設備・備品等は常に良好できれいな状態を保つよう充分注意して丁寧に使用することを約束します。

I promise to use the facilities, the equipment, and the furnishings of the International Residence Hall carefully and properly, and to keep them always fine and clean.

記

学部・研究科 School		講 座 Course of Study	
身 分 Status	<input type="checkbox"/> 学部学生 <input type="checkbox"/> 大学院生 <input type="checkbox"/> 研究生 <input type="checkbox"/> 聴講生 (科目等履修生) Undergraduate Graduate Research Student Auditor (Credit Auditor) <input type="checkbox"/> 特別研究学生 <input type="checkbox"/> 特別聴講学生 Special Research Student Special Auditing Student <input type="checkbox"/> 日本学術振興会特別研究員 <input type="checkbox"/> 外国人客員研究員 <input type="checkbox"/> 特任研究員 JSPS Postdoctoral Fellowship Foreign Visiting Researcher Researcher		
費 用 区 分 Expenses	<input type="checkbox"/> 国費 <input type="checkbox"/> 本国政府派遣 Japanese Government Scholarship Home-Government Sponsored <input type="checkbox"/> 私費 <input type="checkbox"/> その他奨学金 () Private Other Scholarship		
入居希望区分 Desired type of room	<input type="checkbox"/> 単身室 <input type="checkbox"/> 夫婦室 <input type="checkbox"/> 家族室 Single Couple Family		

2 入居希望期間 _____年_____月_____日 ~ _____年_____月_____日

Desired term of residence (from) Year Month Day (to) Year Month Day

3 同居家族 Accompanying family

氏 名 Name	生 年 月 日 Date of Birth	性 別 Sex	続 柄 Relationship

4 現在の所属機関及び身分 Present organization of employment and position

5 現住所 Present address

6 誓約 (Oath)

国際交流会館に入居のうへは、次の事項を守ることを誓約します。

I hereby agree to abide by the following terms upon admission to the International Residence Hall :

- (1) 会館規程等に定められた国際交流会館使用料のほか、光熱水料その他の費用は指定の期日までに完納すること。

I agree to pay all rent, utility fees and other charges by specified dates as stipulated in the Regulations of the Residence.

- (2) 会館の施設、備品等を損傷、滅失した時は、損害を賠償し又はこれを原状に回復すること。

I agree to pay financial compensation in the event that I damage or lose any equipment or facilities belonging to the Residence.

- (3) 他の入居者に迷惑をかけないよう留意するとともに、指示された事項を守ること。

I agree to exercise discretion not to cause annoyance to other residents, and to obey other instructions from the Residence's staff.

確認者 (指導教員、受入部署の長)

Confirmer (supervisor, head of the receiving department)

所 属 _____ 職 名 _____
Affiliation Position

氏 名 _____ 印
Name

入 居 許 可 書

Permission for Residence

許可番号 _____ 号

Permit No.

_____年____月____日

Date : Year Month Day

To : 殿

浜松医科大学国際交流会館長
The Director
Hamamatsu University School of Medicine
International Residence Hall

年 月 日付けをもって申請のあった国際交流会館への入居については、次のとおり入居を許可します。

Your application dated . . . has been accepted on the following terms.

記

- 1 入居許可期間 _____年____月____日 ~ _____年____月____日
Period of residence (from) Year Month Day (to) Year Month Day
- 2 居室番号 第_____号室 _____階
Room number No. Floor
- 3 国際交流会館使用料 月額_____円
Rent Charge Per month yen
- 4 光熱水料等 使用実績の実費
Charges for electricity, gas, water and other utilities Actual costs
- 5 同居者氏名
Name(s) of accompanying family members :

(備考) Notes

- (1) 入居を許可された者は、入居届（様式第 1-4 号）を入居の際に提出してください。
Upon taking up residence, persons who are granted residence at the International Residence Hall shall submit to the office a “Notification of Arrival at the International Residence Hall” (Form 1-4)
- (2) 入居者は会館規程等を熟読し、これを厳守してください。
Residents are asked to read and follow the rules and regulations of the International Residence Hall.
- (3) 特に、入居者の過失により会館の施設・設備・備品等を滅失、損傷又は汚損した時は、あなたが損害を賠償又はこれを原状回復しなければなりません。そうならないため、会館の施設・設備・備品等は常に良好できれいな状態を保つよう充分注意して丁寧に使用してください。
Epecially, in cases where facilities, equipment or furniture had been damaged by the resident's fault, resident must make reparations or restore it. To prevent this, the resident must use the facilities, the equipment and the furniture carefully and properly, and to keep them always fine and clean.

入 居 届
Notification of Arrival at International Residence Hall

_____年____月____日
Date : Year Month Day

浜松医科大学国際交流会館長 殿

To : The Director, Hamamatsu University School of Medicine International Residence Hall

学部・研究科 _____ 講座 _____

School Course of study

- 学部学生 Undergraduate
- 大学院学生 Graduate
- 研究生 Research Student
- 聴講生 (科目等履修生) Auditor (Credit Auditor)
- 特別研究学生 Special Research Student
- 特別聴講学生 Special Auditing Student
- 外国人客員研究員 Foreign Visiting Researcher
- 日本学術振興会特別研究員 JSPS Postdoctoral Fellowship
- 特任研究員 Researcher

5 写真添付欄
Affix
ID Photo
here

氏 名 Name (Print) _____

署 名 Signature _____

下記のとおり国際交流会館に入居しましたのでお届けします。

This is to notify that I have taken up residence at the International Residence Hall.

会館の施設・設備・備品等は常に良好できれいな状態を保つよう充分注意して丁寧に使用することを約束します。

I promise to use the facilities the equipment, and the furniture of the International Residence Hall carefully and properly, and to keep them always fine and clean.

記

1 入居年月日 _____年____月____日
Date of arrival Year Month Day

2 入居許可期間 _____年____月____日 ~ _____年____月____日
Permitted period of residence (from) Year Month Day (to) year Month Day

3 居室番号 第_____号室
Room number No.

4 同居家族 Accompanying family

氏 名 Name	生年月日 Date of Birth	性 別 Sex	続 柄 Relationship

5 写真添付欄 (家族は集合写真でも可)
Affix Recent ID photograph above (In the case of a family a group picture may be affixed.)

入居期間延長申請書

Application for Extension of Residence

浜松医科大学国際交流会館長 殿

To : The Director, Hamamatsu University School of Medicine International Residence Hall

_____年____月____日
Date : Year Month Day

氏 名 _____

Name (Print)

署 名 _____

Signature

下記のとおり国際交流会館の入居期間を延長したいので、許可くださるよう申請いたします。

I wish to apply for an extension of my period of residence at the International Residence Hall.

延長が許可される場合には、会館の施設・設備・備品等は常に良好できれいな状態を保つよう充分注意して丁寧に使用することを約束します。

In case of extension been granted, I promise to use the facilities the equipment, and the furniture of the International Residence Hall carefully and properly, and to keep them always fine and clean

記

1 居室番号 第_____号室
Room number No.

2 入居許可期間の期限 _____年____月____日
Expiration date for period of residence Year Month Day

3 延長希望期間 _____年____月____日 ~ _____年____月____日
Desired term of extension (from) Year Month Day (to) Year Month Day

4 延長を希望する理由 Reason for extension

様式第 2-2 号 (Form 2-2)

入居期間延長許可書

Permission for Extension of Residence

許可番号 _____ 号

Permit No.

_____年____月____日
Date : Year Month Day

To : 殿

浜松医科大学国際交流会館長
The Director,
Hamamatsu University School of Medicine
International Residence Hall

年 月 日付けをもって申請のあった国際交流会館への入居期間の延長については、次のとおり許可します。

Your application for extension of residence dated . . . has been accepted on the following terms.

入居者の過失により会館の施設・設備・備品等を滅失、損傷又は汚損した時は、あなたが損害を賠償又はこれを原状回復しなければなりません。そうならないため、会館の施設・設備・備品等は常に良好できれいな状態を保つよう充分注意して丁寧に使用してください。

In case of the facilities, the equipment and the furniture had been damaged by the resident's fault, resident must make reparation or restore for it. To prevent this, resident must use the facilities the equipment, and the furniture of the International Residence Hall carefully and properly, and to keep them always fine and clean

記

1 入居延長許可期間 _____年____月____日 ~ _____年____月____日
Period of residence (from) Year Month Day (to) Year Month Day

2 居室番号 第 _____ 号室 _____ 階
Room number No. Floor

退 去 届
Notification of Departure

浜松医科大学国際交流会館長 殿

To : The Director, Hamamatsu University School of Medicine International Residence Hall

_____年____月____日
Date : Year Month Day

氏 名 _____
Name (Print)

署 名 _____
Signature

下記のとおり、国際交流会館から退去しますのでお届けします。

I wish to leave the International Residence Hall.

なお、退去日までに、居室内の設備・備品をはじめ室内を清掃すること、私物を残さないこと、さらに私の過失により居室内を損傷、汚損させた場合の損害を賠償することを約束します。

Furthermore, I promise to clean the facilities and the equipment inside my room, will not leave my personal belongings there, will make reparations for damage and/or stains inside the room caused by my fault, by my Date of Departure.

記

以上

1 居室番号 第_____号室
Room number No.

2 退去日 _____年____月____日
Date of Departure Year Month Day

3 入居許可期間の期限 _____年____月____日
Expiration date for period of residence Year Month Day

退 去 命 令 書

Notification of Eviction

_____年____月____日
Date : Year Month Day

To : 殿

浜松医科大学国際交流会館長
The Director,
Hamamatsu University School of Medicine
International Residence Hall

あなたは浜松医科大学国際交流会館規程第 13 条 1 項 _____ 号の規定に該当するので、
年 月 日までに会館から退去することを命ずる。

In accordance with No. _____, Paragraph 1, Article 13 of the Regulations for the International Residence Hall,
you are hereby directed to vacate the Residence by _____.

自動車保管場所貸与申請書

Application for Parking Permit

浜松医科大学国際交流会館長 殿

To : The Director, Hamamatsu University School of Medicine International Residence Hall

_____年____月____日
Date : Year Month Day

部屋番号 _____
Room number
氏 名 _____
Name (Print)
署 名 _____
Signature

下欄記載の自動車の保管場所の貸与を受けたいので申請します。自動車の保管にあたっては、日本の交通法規、浜松医科大学規程及び指示に反しないことを確約します。

I apply for a parking permit at the International Residence Hall. I hereby pledge that I will obey the traffic rules in Japan and the rules and instruction of Hamamatsu University School of Medicine when parking the vehicle.

記

1 自動車 Vehicle

メーカー Manufacture		車名 Model	
自動車登録番号 Registration number		色 Color	

2 自動車の所有者 Owner of vehicle

氏名 Name		申請者との続柄 Relationship with applicant	
住所 Address			

3 自動車の使用者 User of vehicle

氏名 Name		申請者との続柄 Relationship with applicant	
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※添付書類 ①運転免許証 ②自動車損害賠償責任保険証 ③自動車検査証の各コピー
原本を学務課国際化推進室に持参し、コピーを依頼すること。

※Bring original copies of ①Driver's License ②Automobile liability insurance ③Vehicle inspection certificate to the International Office of Student Affairs Division and ask the staff to make copies.

駐 車 許 可 証 PARKING PERMIT	
登 録 番 号 REGISTRATION NUMBER	
有 効 期 限 V A L I D I T Y	年 月 日 まで YEAR MONTH DATE
交 付 日 D A T E O F I S S U E	年 月 日 YEAR MONTH DATE
浜 松 医 科 大 学 HAMAMATSU UNIVERSITY SCHOOL OF MEDICINE	

(表)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> 登 録 番 号 REGISTRATION NUMBER </td> </tr> <tr> <td style="padding: 5px;"> 氏 名 NAME </td> </tr> </table>	登 録 番 号 REGISTRATION NUMBER	氏 名 NAME	
登 録 番 号 REGISTRATION NUMBER			
氏 名 NAME			
<ol style="list-style-type: none"> 1. 指定された駐車場に駐車すること。 Park at the designated area. 2. 利用者は、その責に帰すべき事由により駐車場の施設・設備等を損傷し、又は滅失したときは、その損害を賠償すること。 In case of the facilities and the equipment in the parking lot had been damaged by the resident's fault, the resident shall be claimed for damage. 3. 駐車場内において、あらゆる事由によって生じた損害については、本学は、その賠償の責を負わない。 HUSM shall not be liable for compensation for any damages for whatever reason in the parking lot. 4. 館長、主事、学務課国際化推進室職員の指示に従うこと。 Follow the direction from the director, the assigned manager and the staff from the International Office of Student Affairs Division. 5. この駐車許可証は、フロントガラスから見える様に置くこと。 Place this parking permit where it is visible through the windshield. 			

(裏)

様式第 6 - 1 号 (Form 6-1)

Checking list of the situation for room inside (When Enter and Departure)

Room No. _____

Resident _____

Enter _____

Departure _____

Checking (when entered)				Checking (departure)	
Location	Check Mark	Checking Contents		Actual Situation	Check Mark
Entrance	<input type="checkbox"/>	Ceiling	stain, damage		<input type="checkbox"/>
	<input type="checkbox"/>	Floor	stain, damage		<input type="checkbox"/>
	<input type="checkbox"/>	Wall	stain, torn, damage		<input type="checkbox"/>
	<input type="checkbox"/>	Door	stain, dent, open and close		<input type="checkbox"/>
	<input type="checkbox"/>	Door Key	open and lock		<input type="checkbox"/>
	<input type="checkbox"/>	Door bell	works correctly or not		<input type="checkbox"/>
Room	<input type="checkbox"/>	Ceiling	stain, damage		<input type="checkbox"/>
	<input type="checkbox"/>	Floor	stain, damage		<input type="checkbox"/>
	<input type="checkbox"/>	Wall	stain, torn, damage		<input type="checkbox"/>
	<input type="checkbox"/>	Window	crack, broken		<input type="checkbox"/>
	<input type="checkbox"/>	Screen Door	torn, moves correctly or not		<input type="checkbox"/>
	<input type="checkbox"/>	Curtain Rail	moves correctly or not		<input type="checkbox"/>
	<input type="checkbox"/>	Curtain	stain, torn		<input type="checkbox"/>
	<input type="checkbox"/>	Switches, Sockets	works correctly or not		<input type="checkbox"/>
	<input type="checkbox"/>	Lights	works correctly or not		<input type="checkbox"/>
	<input type="checkbox"/>	Air Conditioner	works correctly or not, noise, odor		<input type="checkbox"/>
	<input type="checkbox"/>	Storage	mold, stain, open and close		<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	Door	stain, dent, open and close		<input type="checkbox"/>
	<input type="checkbox"/>	Sink	stain, dent, rust		<input type="checkbox"/>
	<input type="checkbox"/>	Cupboard	stain, damage, correct positioning		<input type="checkbox"/>
	<input type="checkbox"/>	Fan	stain, works correctly or not		<input type="checkbox"/>
	<input type="checkbox"/>	Cooktop	stain, works correctly or not		<input type="checkbox"/>
	<input type="checkbox"/>	Water Heater	stain, works correctly or not		<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	Water supply, drainage	drains correctly, odor		<input type="checkbox"/>
	<input type="checkbox"/>	Bathtub	stain, crack, works correctly		<input type="checkbox"/>
	<input type="checkbox"/>	Shower	works correctly		<input type="checkbox"/>
Toilet	<input type="checkbox"/>	Water supply, drainage	drains correctly, odor		<input type="checkbox"/>
	<input type="checkbox"/>	Toilet Bowl	stain, crack		<input type="checkbox"/>
Others	<input type="checkbox"/>	Flush Tank	crack		<input type="checkbox"/>
	<input type="checkbox"/>	Balcony	unnecessary items, handrail hazards		<input type="checkbox"/>
	<input type="checkbox"/>	Furniture Bed, Desk, Chair, Table, Dresser	damage, stain		<input type="checkbox"/>
Others	<input type="checkbox"/>	Electric Appliances Television, Refrigerator, Desk Light, Vacuum Cleaner, Laundry · Dryer, Microwave Oven	damage, stain, remote control exists, works correctly		<input type="checkbox"/>

When Enter As above, we've checked for actual situation of each location

Date _____

Resident Name _____

Staff Name _____

Departure As above, we've checked for actual situation of each location

Date _____

Resident Name _____

Staff Name _____

様式第 6 - 2 号 (Form 6-2)

Checking list of the situation for room inside (Residency term extension)

Room No. _____

Resident _____

Expiration date for period of residence _____

Checking (when entered)			Checking (when extended)	
Location	Checking Contents		Actual Situation	Check Mark
Entrance	Ceiling	stain, damage		<input type="checkbox"/>
	Floor	stain, damage		<input type="checkbox"/>
	Wall	stain, torn, damage		<input type="checkbox"/>
	Door	stain, dent, open and close		<input type="checkbox"/>
	Door Key	open and lock		<input type="checkbox"/>
	Door bell	works correctly or not		<input type="checkbox"/>
Room	Ceiling	stain, damage		<input type="checkbox"/>
	Floor	stain, damage		<input type="checkbox"/>
	Wall	stain, torn, damage		<input type="checkbox"/>
	Window	crack, broken		<input type="checkbox"/>
	Screen Door	torn, moves correctly or not		<input type="checkbox"/>
	Curtain Rail	moves correctly or not		<input type="checkbox"/>
	Curtain	stain, torn		<input type="checkbox"/>
	Switches, Sockets	works correctly or not		<input type="checkbox"/>
	Light	works correctly or not		<input type="checkbox"/>
	Air Conditioner	works correctly or not, noise, odor		<input type="checkbox"/>
	Storage	mold, stain, open and close		<input type="checkbox"/>
	Door	stain, dent, open and close		<input type="checkbox"/>
Kitchen	Sink	stain, dent, rust		<input type="checkbox"/>
	Cupboard	stain, damage, correct positioning		<input type="checkbox"/>
	Fan	stain, works correctly or not		<input type="checkbox"/>
	Cooktop	stain, works correctly or not		<input type="checkbox"/>
	Water Heater	stain, works correctly or not		<input type="checkbox"/>
	Water supply, drainage	drains correctly, odor		<input type="checkbox"/>
Bath Room	Bathtub	stain, crack, works correctly		<input type="checkbox"/>
	Shower	works correctly		<input type="checkbox"/>
	Water supply, drainage	drains correctly, odor		<input type="checkbox"/>
Toilet	Toilet Bowl	stain, crack		<input type="checkbox"/>
	Flush Tank	crack		<input type="checkbox"/>
Others	Balcony	unnecessary items, handrail hazards		<input type="checkbox"/>
	Furniture	damage, stain		<input type="checkbox"/>
	Bed, Desk, Chair, Table, Dresser			
	Electric Appliances	damage, stain, remote control exists, works correctly		<input type="checkbox"/>
Television, Refrigerator, Desk Light, Vacuum Cleaner, Laundry - Dryer, Microwave Oven				

As above, we've checked for actual situation of each location

Date _____

Resident Name _____

Staff Name _____