**Request for Study Abroad**

No．

Date: 　　/　　/

To: The President, Doshisha University

Student Name (in block letters):

Student Signature:

Student ID Number:

Affiliation:

I hereby request for study abroad while enrolled at Doshisha University. The letter of acceptance from my host institution is attached.

（１）Reason for studying abroad and intended courses of study

|  |
| --- |
|  |

（２）Host institution

|  |  |  |  |
| --- | --- | --- | --- |
| Name  (Campus, if any) |  | Country/City | / |

（３）Intended period of study abroad (from YYYY/MM/DD to YYYY/MM/DD)

|  |
| --- |
| from 　　　　/　　/　　 ～ to 　　　　/　　/ |

（４）Enrollment status at host institution (Tick a box)

|  |
| --- |
| Exchange student　　　　　　 Full-time undergraduate  Undergraduate auditor 　　　 Full-time graduate  Graduate auditor 　　　　 　 Other（　　　　　　　　　　　　　） |

（５）Type of Study-abroad (Tick a box)

|  |
| --- |
| Exchange program (university-wide)　　Exchange program (faculty-wide)  European studies ＥＵ campus program　Accredited study abroad |

|  |  |
| --- | --- |
| Registered Guarantor | Name:  Signature: |
| Address:      Phone 　　　-　　　- |

――――――――――――――――University use only――――――――――――――――

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 部長・  研究科長 | 教務主任 | 事務長 | 係長 | 係 |  | 異動簿 | 電算入力 | 通知書 |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 年 月 日 受付 | 年 月 日 決裁 |