

No.

Date:

To: The President, Doshisha University

Student Name (in block letters):

Student Signature:

Student ID Number:

Affiliation:

Request for Study Abroad

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

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2. Host institution

Name:
Address:

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

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

<input type="checkbox"/> Full-time undergraduate; <input type="checkbox"/> Full-time graduate; <input type="checkbox"/> Undergraduate auditor; <input type="checkbox"/> Graduate auditor; <input type="checkbox"/> Other ()

5. Type of Study-abroad (Tick a box)

<input type="checkbox"/> Exchange program; <input type="checkbox"/> Privately funded; <input type="checkbox"/> Funded by other (provide details; e.g. External scholarship) ()

Registered Guarantor	Name:
	Signature:
	Address:
	Phone:

University use only

部長		教務主任		事務長		係長		係	
学籍原簿		異動簿		電算入力		通知書		登録カード	

年 月 日 受付	年 月 日 決裁
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