

No.

Date:

To: The President, Doshisha University

Student Name (in block letters):

Student Signature:

Student ID Number:

Affiliation:

Notification of Departure/Return from Study Abroad

Departure date (YYYY/MM/DD), time and airport (before departing from Japan) or Arrival date(YYYY/MM/DD), time and airport (after returning to Japan)	
Period of study abroad (From YYYY/MM/DD to YYYY/MM/DD)	
Host institution	
Provide contact information in host country (For only those who are departing from Japan)	*If you do not yet have contact information, please inform the office of your faculty or graduate school as soon as you know it. *When you change it, please update office of your faculty or graduate school immediately.

University use only

部長		教務主任		事務長		係長		係	
電算入力		学生証発行		科目登録		単位認定			

年	月	日	受付	年	月	日	決裁
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