

Parent(s) Contact Information

Date: (Month) / (Date) / (Year)

To: Dean of Graduate School of Asia-Pacific Studies

Examinee' s Number					
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※Student ID Number _____

Name of Student _____

Please submit the "Parent(s) Contact Information" only if your parents(father or mother) are not "Guarantor" in the prescribed form "Written Oath and Guarantee" "Consent for the Treatment of Personal Data". This information will be used when Waseda University needs to contact with your parent(s).

Name	<Katakana>	Relationship with Student
		Father ・ Mother
Address	<div style="text-align: right;">(Tel:)</div> <div style="text-align: right;">(E-mail address:)</div>	
Company Name (Occupation)	<div style="text-align: right;">(Tel:)</div>	

(Notice) Please leave "※Student ID Number" blank.