

## **Agreement for Internship Participation**

To Dean of the Graduate School of Asia-Pacific Studies, Waseda University

I, as a participant of the semester exchange program by the Graduate School of Asia-Pacific Studies (hereafter, GSAPS), Waseda University, will be participating in an internship in the dispatched country. I hereto agree and will abide by the following terms and conditions.

1. I agree to take full responsibility for all the necessary procedures, negotiations, and arrangements for participation in the internship.
2. I will complete and submit "Internship Plan Report" to the GSAPS Office, in order to keep the office informed of the details of the internship.
3. While I am engaged in the internship, I will check my Waseda e-mail account and reply as necessary.
4. I fully understand the purpose of this departure is to join the exchange program and fulfill the requirements by both the GSAPS and the host university. I ensure this internship will not create any negative effect to my academic activities.
5. I understand that Waseda University may determine to postpone or cancel the exchange program according to the security condition in the host country or region and that I am required to return to Japan at the earliest possible opportunity.
6. I understand that I am representative from Waseda University and must act responsibly. I will not lodge any complaint against or implicate Waseda University for the loss and/or damage caused by disaster, riot, terrorism, unforeseen accidents, infectious diseases, crimes, etc., should it happen during the internship period.
7. If, during the period of my internship, I cause damage to the company/organization of a third party due to willful intent, negligence a violation of the law or public policy, I will not hold Waseda University responsible for the cost of damages made to the company/organization of a third party.
8. I agree to allow the following parties to share the personal details of myself and my guarantor provided to purchase the said insurance plan, my contact details provided to Waseda University and accident details during my study abroad period so that they may deal with the accidents, contact my guarantor and administer the exchange program: GSAPS, Campus Insurance Center Co. Ltd., insurance company designated by Waseda University, and the relevant ministries and embassies. I also agree to allow GSAPS to share my personal details with the company/organization.
9. I agree to extend the period of my overseas travel insurance according to the period of the internship so it fully covers my stay in the country. Likewise, I will take responsibility to find accommodation for my extended stay.

School: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Name: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_