

# Application for Studying Abroad

Date of Submission: \_\_\_\_\_(Year)\_\_\_\_\_(Month)\_\_\_\_\_(Day)

Att.: Dean of the Graduate School of Letters, Arts and Sciences, Waseda University

## Student

\*Please make sure that the student signs and affixes his/her own seal.

Graduate School	Graduate School of Letters, Arts and Sciences	Course	
School Year	year at <u>master</u> / <u>doctoral</u> Program		
Student ID No.			
Name	Seal		
Address	Postal Code: _____ - _____		
Phone No.			

## Guardian

\*Please make sure that the guardian signs and affixes his/her own seal. Refrain from using the same seal as the student's.

Name	Seal
Address	Postal Code: _____ - _____
Phone No.	

I hereby request permission for studying abroad as follows.

### 1. Name of University / Institution:

\_\_\_\_\_ (Country: \_\_\_\_\_)

### 2. Period of Study Abroad:

1 year/1 semester from Spring/Fall Semester of AY \_\_\_\_\_ to Spring/Fall Semester of AY \_\_\_\_\_

Expected Date of Departure from Japan: \_\_\_\_\_(YYYY/MM/DD)

Expected Date of Returning to Japan: \_\_\_\_\_(YYYY/MM/DD)

### 3. Local Contact during Study Abroad

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

(\*Please fill in if available. We will use the information above only when we can't contact you via Waseda mail)

#### 4. Traveler's insurance

Have you purchased the traveler's insurance specified by Waseda University?

Yes, I purchased it. / Yes, I will purchase it. / No, I purchased or will purchase other traveler's insurance.

(\*If you purchase other traveler's insurance, please attach its details describing the coverage.)

#### 5. Approval from Supervisor

Name of Supervisor: \_\_\_\_\_ seal

Please make sure that the supervisor signs and affixes his/her own seal.

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The following is for administrative use only.

Remarks	Reception Date
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