**List of Students Participating in the Program** (Center for International Education Format)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Faculty in Charge |  | | | | Faculty ID Number | |  | |  |  |  |  |  |
| Affiliation |  | | | | Status | | | Ex) Professor, Associate Professor | | | | | |
| Program Duration | From MMDDYYYY To MMDDYYYY | | | | | | | | | | | | |
| Location  (country/Region) |  | | Host University/Institution | | |  | | | | | | | |
| Program Category | □ Seminar□ Class □ Research □ Academic Conference　□others:  ※Is the program subsidized for “Grant for Study Abroad Program Operation”?　⇒　Yes / No | | | | | | | | | | | | |
| Emergency Contact | TEL |  | | Email | |  | | | | | | | |

**\*When you are holding a program jointly with other faculty member(s), submit this form in joint names**

|  |  |  |
| --- | --- | --- |
| No. | Student ID Number (eight digits) | Name |
| 1 |  |  |
| 2 |  |  |
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**For faculty in charge (Please make sure to inform below to participating students):**

1. You must purchase an overseas travel insurance plan as designated by Waseda University from departure to arrival. (Your information will be registered for the emergency support service automatically.)
2. You must agree the following parties will, in case of emergency, share and disclose your and your guardian’s personal information presented for the insurance as well as the details of the accidents during the program.

<Center for International Education, Office of your school, Campus Insurance Center Co.,Ltd., insurance companies designated by the University, emergency support corporations, Japanese ministries and overseas diplomatic establishments>

**For faculty members:**

1. You can fill in this form electronically or by handwriting.
2. Submit this form together with “Business Trip Application Form” to your affiliated school office.

Approval Flows

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Faculty member submits this form with Business Trip Notification | Via email or University mail | Office of the School stamps the date of receipt  Name:  Ext.: | Via University mail | Center for International Education (Scholarship Team) stamps the date of receipt |