

# Doshisha University Student Exchange Program Application Form

## Pledge

To President of Doshisha University  
To Dean of the Institute for the Liberal Arts

I, upon participating in the Doshisha University Student Exchange Program (hereinafter Exchange), pledge to observe the following. In case of violation I consent that I will be disqualified as an Exchange student and will not receive support from Doshisha University, and shall not object to such penalties.

1. I confirm that I am applying to this program with the understanding that once I am selected as an Exchange candidate, I will not be able to withdraw from the program unless for a legitimate reason recognized by Doshisha University. (hereinafter Doshisha)
2. I understand the purpose of the Exchange and undertake to study earnestly while at the host institution.
3. I shall check the procedures necessary for the Exchange (including but not limited to preparation of application documents for the host institution, obtaining a passport and payment of fees) well in advance and follow the procedures without delay on my own responsibility.
4. I shall follow the academic calendar of the host institution while on the Exchange and observe the Exchange period as recognized by Doshisha. In case it becomes difficult for me to continue on the Exchange due to unforeseen circumstances, I shall consult with Doshisha University the Institute for the Liberal Arts (herein after ILA) immediately.
5. I shall report to the ILA and the relevant office at the host institution if traveling away from the environs of the host institution.
6. I shall inform the ILA of my address during the Exchange as soon as I have confirmed it. I shall also keep the ILA informed of any changes to my address.
7. I understand that Doshisha may cancel my exchange or advise me to return to Japan depending on the security situation of the country (region) where my host institution is located. I am aware of such possibilities and agree to follow the advice of Doshisha without delay in such circumstances. I also agree to release Doshisha from any liability for damages and losses arising from such circumstances.
8. I shall act on my own initiative and responsibility as a Doshisha student while on the Exchange. I agree to release Doshisha from any responsibility for damages caused by natural disasters, riots, terrorist attacks, accidents, traffic accidents, diseases, and crimes during the Exchange period.
9. While on the Exchange, I shall observe the laws of the host country and regulations of Doshisha, as well as follow the regulations of the host institution, instructions of my supervisor, and the officer taking care of the Exchange at the host institution. I shall take care not to offend the public order and morals of the host country.
10. Upon participating in the Exchange, I shall purchase a travel insurance that covers my exchange period, as well as health insurances and any other insurance policy as designated by the host institution, if any.
11. When using the assistance service of the risk management company designated by Doshisha University, I authorize Doshisha and the persons in charge of risk management to share and use the personal information that I provided to the risk management company.
12. I authorize Doshisha to use the information about myself and my guarantor that I submitted to Doshisha in the Exchange procedures and emergency situations.
13. I authorize my host institution to release to Doshisha my academic records and personal information during the Exchange to ensure my safety and to confirm the progress of my study during the Exchange. I also authorize Doshisha and the host institution to share this information as necessary.
14. I shall take full responsibility for my actions outside the exchange period, including during my participation in pre-session language courses.
15. I shall provide information to future exchange students and further public relations of Doshisha, as well as to actively participate and cooperate in promoting student exchange at the ILA. (example: providing photographs, participation in events etc.)

I hereby pledge to observe the above.

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

Affiliation: The Institute for the Liberal Arts

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

Student's Name \_\_\_\_\_

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

I hereby guarantee that the above-named student will observe the above.

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

Parent/Guarantor's name \_\_\_\_\_

(Relationship to the student: \_\_\_\_\_ )

Parent/Guarantor's signature \_\_\_\_\_