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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | | | |
| Overseas Contact Information for Use in Emergencies | 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 (handwritten Signature)  **Considered you have agreed with the rules and conditions stated below.** | Emergency Contact in Japan (Cell number etc.) | Additional Information |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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**For 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, International Office, 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. NOTE: Students’ signature must be handwritten.
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  -Coordinator:  -Extension: | Via University mail | Center for International Education stamps the date of receipt  Attention: Study Abroad Student Lists Coordinator |