

To the President of Ritsumeikan Asia Pacific University:

Consent Form

Student ID Number

Name

Program Name

Double Degree Program

Student Exchange Program (1 year / 1 semester)

Summer Program

Independent Study Abroad (1 year / 1 semester)

Program Dates

* Please refer to the
host university's
academic calendar

year month day - year month day

Host Institution

Location
(Country/Region)

Will be resuming studies at APU from:

_____ Academic Year (e.g. 2019, 2020, etc.)

Spring semester (from April 1st)

Fall semester (from September 21st)

*In order to do this, I will return to Japan in time to both get my assigned health checkup and attend the first day of semester classes.

_____ Academic Year (e.g. 2019, 2020, etc.)

2nd Quarter of Spring semester

2nd Quarter of Fall semester

*In order to do this, I will return to Japan in time to both get my assigned health checkup and attend the first day of 2nd Quarter classes.

_____ Academic Year (e.g. 2019, 2020, etc.)

Spring semester Summer Session

Fall semester Winter Session

*In order to do this, I will both arrange to get a health checkup on my own and return to Japan in time to attend the first day of Summer/Winter Session classes.

Year Month Day

Student's Signature

seal
