

SWU Summer International Program 2018 Application Form

Please read ALL below statements very carefully, then sign the form IF you agree.

I hereby understand all below statements regarding SSIP 2018 and guarantee that I will follow all instructions given in order for the smooth and safe implementation of the program.

I. Participating in SSIP

- 1 I am fully aware of the cost of participating SSIP and I confirm that I have no fiscal issues.
- 2 I have permission/approval/agreement from my parent(s)/guardian for participating SSIP.
- 3 My health and mental condition is capable of participating in a 3-week program and adapting to a new environment. I also guarantee to share ALL necessary information concerning my physical and mental issues, including anamnesis and prescription.
- 4 I will buy travel and health insurance and share my information with SWU.
- 5 I guarantee to prepare all documentation/visa/payment/insurance/prescription on time, and plan for my trip on my responsibility.

II. Conditions

- 6 I understand SWU might cancel/break off the program in the case of natural disaster/deterioration of public order, and will follow all advisory given. I also understand SWU is not responsible for cancelation of the program due to aforementioned reasons.
- 7 I promise to abide Japanese laws and regulations, and observe ALL rules defined by SWU during the program.
- 8 I understand SWU is not responsible for any of my accusation of violation of laws/regulations, whether or not intentional.

III. Expectations

- 9 I understand that SSIP is a university level academic program with lecture series, readings, presentations, class discussions, and projects for university credits. I am aware of participating all lectures and activities as well as submitting assignment(s) is necessary upon completion of the program, and I will work to the best of my ability.
- 10 SSIP highly respects cultural diversity, and I will actively interact with both international and Japanese students to share my ideas and my experiences to contribute to the program.

If any clarifications or problems may arise with said statement(s), I will contact the Center for International Exchange.

*I allow SWU to use my personal information for such purposes as they deem necessary for the implementation of the program (which includes disclosure of the said information to my host family and our designated travel agency), and I understand that such information shall remain confidential based on the law.

Print Name _____

Home Institution _____

X _____
Signature Date (MM/DD/YYYY)

Participants will be asked to share the 4 items of information below after the registration.

- 1) Emergency Contact
- 2) Return trip Travel Information
- 3) Insurance Information
- 4) Allergies and any special concerns
- 5) ID photo data

*Travel and health insurance are required of all participants.