HIROSAKI UNIVERSITY Summer Program

PLEDGE

To the Director of Department of International Education & Collaboration, Hirosaki University

I agree to be responsible for all personal matters including illness, injury or financial loss, and will not hold either my home university or host university responsible for them, for the duration of the summer program.

I agree to the following:

1. I will follow instructions received from both my home university and my host university.
2. I will dedicate myself to my studies at Hirosaki University.

|  |  |
| --- | --- |
| Date(yyyy/mm/dd) |  |
| Home University |  |
| Student’s Name |  |
| Signature |  |

I agree to ensure that the above student keeps this PLEDGE and to act as his/her guarantor with regard to his/her costs of studying abroad.

【Guarantor】

|  |  |
| --- | --- |
| Guarantor’s Name |  |
| Relation with Student |  |
| Address |  |
| Home Phone Number |  |
| Mobile Phone Number |  |
| E-mail Address |  |
| Guarantor’s Signature |  |