

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
