

Application form for travel to study abroad, etc.

To the President of Keio University:

_____ month _____ day _____ year _____ (submitted)

Name _____ Student ID Number _____

Affiliation Faculty of Policy Management / Environment and Information Studies

Nationality _____ Current address (country/region) _____ (city) _____

Destination 1 (country/region) _____ (university/organizations) _____

Destination 2 (country/region) _____ (university/organizations) _____

Signature (sign) or seal _____ Signature date _____

Guarantor's name _____

Signature (sign) or seal _____ Signature date _____

I hereby agree to all of the following university-prescribed stipulations associated with travel to study abroad, etc., and submit this application having included the necessary information which I have gathered by myself.

Main conditions for authorization of travel abroad: (Tick each item to indicate your agreement.)

1. The student and his/her guarantor strongly desire for the travel overseas to take place

Agree (strongly desire)

2. The student and his/her guarantor both understand the Danger Level and Infectious Disease Risk Level set by MOFA, and the risk of traveling to a country/region designated as Level 2 or higher; the student and his/her guarantor will bear sole responsibility for any eventuality arising from traveling overseas

Agree

Please include the date on which the information regarding the Danger Level and Infectious Disease Risk Level at the travel destination set by MOFA was confirmed.

Danger Level _____

Infectious Disease Risk Level _____

Confirmation date _____

3. In principle, the student will have completed his/her vaccination for COVID-19 (coronavirus disease) before departing Japan or the country/region in which he/she is currently located

Agree

Please indicate the vaccination date (planned) and vaccine type (e.g., Moderna, Pfizer).

1st vaccination date (planned) _____ 2nd vaccination date (planned) _____

Vaccine type (produced by) _____

4. The student is enrolled in insurance with coverage for COVID-19

Agree

Please indicate the name of the insurance company for the insurance in which you have enrolled (or will enroll), the period covered, and content of the insurance below.

Insurance company _____

Period covered _____

Content of the insurance _____

(Contract Plan name, etc.)

5. The student will comply with the instructions of Keio University and the host university, etc., in the event that the Japanese government issues a recommendation to return home after he/she has traveled overseas

Agree

6. The student can travel because the destination country/region has no restrictions on entry from Japan or the country/region in which he/she currently resides, and the necessary visa for travel is issued

Agree

Please indicate below that there are no restrictions on entry and that the required visa for travel will be issued. Please specify the information source to which you referred (URL, etc.) and the date on which this was confirmed.

Destination (country/region) _____

Information on entry restrictions _____

Information source (URL, etc.) _____

Confirmation date _____

7. The student will confirm that he/she can meet the conditions for entering the destination country/region and is able to comply with any restrictions on conduct

Agree

Please give details below of the criteria for entering the country (certification of negative COVID-19 status etc.) and measures in place to restrict movement upon entry (quarantine period, etc.). Please specify the information source to which you referred (URL, etc.) and the date on which this was confirmed.

Destination (country/region) _____

Criteria for entering the country _____

Measures (quarantine period, etc.) _____

Information source (URL, etc.) _____

Confirmation date _____

8. The student will confirm that the health system in the destination country/region is sufficiently well maintained and that he/she is eligible to receive medical treatment

Agree

Please provide details of the medical system and the availability of medical examinations at your destination country/region below. Please specify the information source to which you referred (URL, etc.) and the date on which this was confirmed.

Destination (country/region) _____
Medical system _____
Information source (URL, etc.) _____
Confirmation date _____

9. The student will confirm that measures against infections and a support system in the case of becoming infected are sufficiently in place at the host university

Agree

Please give details of the measures against infections at the host university, etc., as well as procedures and support systems in case of infection. Please specify the information source to which you referred (URL, etc.) and the date on which this was confirmed.

University/Organizations _____
Measures against infections _____
Support systems _____
Information source (URL, etc.) _____
Confirmation date _____

10. If separate instructions have been issued by your undergraduate faculty or graduate school or by the organization that oversees the study abroad program, etc., please follow the application method and various conditions specified therein.

Agree

Please fill out the application method and terms and conditions which have been indicated separately below if any.

11. The student will confirm the quarantine procedures that are required after returning to Japan and make the necessary preparations for compliance in advance

Agree

(The following is only for “International Study Abroad”)

12. The host university, etc., is accepting students from overseas for study abroad and provides classes in person, online, etc.

Agree

Please provide details of the host university's authorization for the study abroad and status of class availability below. Please specify the information source to which you referred (URL, etc.) and the date on which this was confirmed.

University/Organizations _____
Authorization for the study abroad _____
Status of class availability _____
Information source (URL, etc.) _____
Confirmation date _____

13. The guarantor agrees to all of the above conditions when completing this application

Agree

Ver. December, 2021