Pledge

(*To be completed by the student.*)

Date: / /

**To the President of Tokyo Institute of Technology** 　　　　　　　　　　　　　　　　　　　　(yyyy/mm/dd)

I hereby request permission to participate in a study abroad program certified by Tokyo Institute of Technology (the Institute), and pledge to abide by the following terms and conditions:

- I will obey the laws and regulations of the destination country or region as well as those of Japan, and follow any relevant program guidelines. I will refrain from conduct that may violate public order and customs, and other negative behavior, while maintaining self-awareness and responsibility as a student of the Institute.

- I understand the purpose of studying abroad and will devote myself to study and other academic activities.

- I will be responsible for maintaining my mental and physical health in order to manage the additional stress of studying abroad.

- I will purchase travel insurance with the coverage recommended by the Institute, including the Risk and Crisis Management Service provided by Japan IR &C. I understand that Disaster and Accident Insurance for Students (GAKKENSAI), Personal Liability Insurance for Students (GAKKENBAI), and credit card incidental insurance are not applicable.

- I will be liable for any damages caused by my own negligence or intentional misconduct.

- Should the Institute decide to cancel or suspend the program or instruct participants to return to Japan due to injury, illness, public security and safety concerns, natural disasters, or other unavoidable circumstances, I will follow instructions. I will be responsible for any additional costs that may be incurred.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student ID no. |  | Student name |  | Seal or signature |
| Affiliation | School / department / major / academic group | | | |
|  | | | |

**Study abroad details**

**Country or region of destination:　＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿**

**University or institution abroad:　＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿**

**Program name:　＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿**

**Study abroad period: From / / (yyyy/mm/dd) to / / (yyyy/mm/dd)**

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*(To be completed by the student’s personal guarantor. If the student has provided details of his/her contact person, this section may be left blank.)*

As personal guarantor of the above-named student, I understand the aforementioned pledge and consent to the student’s participation in the study abroad program. Please contact me at the following address or telephone number in case of emergency:

Name:＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿ Seal or signature　＿＿＿＿＿＿＿＿＿＿＿＿＿

Tel: ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　(Relationship to student: ＿＿＿＿＿＿＿＿＿＿＿)

Address: ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

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(*To be completed by students who wish to register a person other than the personal guarantor as an emergency contact.)*

Emergency contacts:

Primary contact name:＿＿＿＿＿＿＿＿＿＿＿＿＿＿　(Relationship to student: ＿＿＿＿＿＿＿＿＿)

Tel: ＿＿＿＿＿＿＿＿＿＿＿＿＿＿

Secondary contact name: ＿＿＿＿＿＿＿＿＿＿＿＿　(Relationship to student ＿＿＿＿＿＿＿＿＿)

Tel: ＿＿＿＿＿＿＿＿＿＿＿＿＿＿

This pledge is required of all participants in study abroad programs certified by the Institute. The information provided herein will not be used for any purpose other than for risk and crisis management and to record the details of students studying abroad. If deemed necessary, the relevant office may contact the emergency contact person(s) named herein.