**Exchange student nomination**

|  |  |
| --- | --- |
| Name of institution: |  |
| Address of institution |  |
| Name & section of person in charge: |  |
| Telephone number: |  |
| E-mail address: |  |

|  |  |
| --- | --- |
| **Total number(s) of students sending:** |  |

|  |  |
| --- | --- |
| **1. Full Name:** |  |
| Sex: |  |
| Major in home institution: |  |
| Program currently enrolled | ( ) Bachelor / ( ) Master / ( ) Doctor |
| Term of Study Abroad: | ( ) 1-semester (6 months) / ( ) 2-semesers (1 year) |
| Starting Semester\* | ( ) Spring semester / ( ) Fall semester　<Year > |

\*Spring semester : April- August | Fall semester : September- February

|  |  |
| --- | --- |
| **2. Full Name:** |  |
| Sex: |  |
| Major in home institution: |  |
| Program currently enrolled | ( ) Bachelor / ( ) Master / ( ) Doctor |
| Term of Study Abroad: | ( ) 1-semester (6 months) / ( ) 2-semesers (1 year) |
| Starting Semester\* | ( ) Spring semester / ( ) Fall semester　<Year > |

\*Spring semester : April- August | Fall semester : September- February

|  |  |
| --- | --- |
| **3. Full Name:** |  |
| Sex: |  |
| Major in home institution: |  |
| Program currently enrolled | ( ) Bachelor / ( ) Master / ( ) Doctor |
| Term of Study Abroad: | ( ) 1-semester (6 months) / ( ) 2-semesers (1 year) |
| Starting Semester\* | ( ) Spring semester / ( ) Fall semester　<Year > |

\*Spring semester : April- August | Fall semester : September- February

|  |  |
| --- | --- |
| **4. Full Name:** |  |
| Sex: |  |
| Major in home institution: |  |
| Program currently enrolled | ( ) Bachelor / ( ) Master / ( ) Doctor |
| Term of Study Abroad: | ( ) 1-semester (6 months) / ( ) 2-semesers (1 year) |
| Starting Semester\* | ( ) Spring semester / ( ) Fall semester　<Year > |

\*Spring semester : April- August | Fall semester : September- February

We would like to send the students listed above as part of our exchange agreement with Momoyama Gakuin University.

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| --- | --- |
| **Date:** | **Signature:** |