

**Tzu Chi University**

**Consent for a University Student to**

**Be an Exchange Student**

I agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as he/she), a student of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (department/institute/program), whose student number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

He/She will be an exchange student of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(department/institute/program), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (institution), from \_\_\_\_\_\_\_\_\_\_\_\_ (semester/year) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (semester/year), a total of \_\_\_\_\_ semesters.

During the exchange period, he/she is willing to follow the host institution's housing arrangements, abide by the rules, regulations, and requirements of both schools, and pay attention to his/her well-being and safety.

Signature of legal representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_