

記入例

VSCP Participation Consent Form

VSCP参加同意書

UAlberta Use Only VSCP Staff Signature:
 Date: _____ Applicant UAlberta ID: _____

Applicant Family Name: Ryugaku	Applicant Given Name (s): Ichiro
Date of Birth: Month 06 Date 22 Year 199X	Home Institution: Shizuoka University
E-mail Address: メールアドレスは、渡航中も使えるものにしましょう (例) gmailやyahoo ichiro_ryugaku0622@gmail.com	

What is **IELTSやTOEICのスコアがあれば記入し、成績書コピーを一緒に提出します (未受験の場合はNONEで)**

IELTS Score:	TOEFL Score:	NONE
--------------	--------------	-------------

What year would you like to start the VSCP? **2019** ←申し込むプログラムの開始年 (西暦) を記入

Select your Period of Study. Circle One **申し込むプログラム期間を○で囲む↓**

- May – April July – April **September – April** September – August January – August
 May – December July – December September – June January – June January - December

When did you complete your application? **オンライン申請を完了した日を記入→ (アズ留学センターからメールで連絡)** Month **03** Date **10** Year **2019**

When did you start your university? **在籍中の日本の大学では、VSCP留学開始時点で何年生にあたるか、当てはまるものを○で囲む**

1st year 2nd year **3rd year** 4th year 5th year 6th year

- ・ コンセントフォーム
- ・ 英文成績証明書
- ・ 英文推薦状
- ・ テストスコア(ある場合)
- ・ 希望者のみホームステイ申請書

Additional documents to the VSCP Office
 Consent form (PDF) signed by home university
 University transcript in English
 Support from a professor or university official at home university (optional)
 IELTS score (optional)

←これらの書類を静岡大学国際連携推進機構へ提出してください。

Mailing Address
 VSCP, University of Alberta International
 142 Telus Centre
 Edmonton, Alberta T6G 2R3 Canada
 Tel: (780-492-2692)

- Completed [homestay application form \(PDF\)](#) & placement form (optional)

Important

Applicants must also complete the [VSCP Academic Study Plan](#) outlining courses you wish to take (subject to availability/permission)

【重要！】 オンライン申請後、2週間以内に、「VSCPアカデミックスタディプラン」を完成させてください。この書類を提出し受理されるまでは、申請が完了しません。

Do not apply for Campus Residence until you have received an email with Campus Residence application
 学生寮は、VSCPコーディネーターからの滞在申請方法についてのメールを受信するまでは申し込まないでください。

The personal information requested on this form is collected under the authority of Section 33 (c) of the [Alberta Freedom of Information and Protection of Privacy Act](#) will be protected under part 2 of that Act. The information will be used for purposes including admission, registration, administration of records, student services and university planning and research. Student's personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance organizations and to contracted or public health care providers as required. For information on the use or disclosure of this information contact Visiting Student Programs, University of Alberta International, 142 Telus Centre, Edmonton, Alberta T6G 2R3, 780-492-7884.

Applicant's Signature: 留学 一郎	Date: MM/DD/YY (月/日/年)
-------------------------------------	-------------------------------

To be completed by applicant's home institution

Name and Position of Home Institution Representative

以下は静岡大学 国際連携推進機構で記入します。

E-mail Address:	Telephone:
-----------------	------------

I confirm that the applicant named above has consent to participate in the Visiting Student Certificate Program (VSCP) at the University of Alberta

Signature of Home University Representative:	Date:
--	-------



Visiting Student Certificate Program (VSCP)
 www.studyincanada.ualberta.ca/vscp E-mail: vscp@ualberta.ca
 Telephone: 1 (780) 492-2692 Fax: 1 (780) 492-1488