

WITHDRAWAL FROM EXCHANGE PROGRAM

交換留学生期間短縮願

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| --- | --- | --- |
| Name (Last) (First) (M) | | Student ID No. |
| Current Department/ Graduate Program at Sophia | Home Institution | |

Current Study Period：

After Withdrawal Application：

Reasons for Applying for Withdrawal：

Student’s Signature

Date of Signature

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OFFICIAL APPROVAL FROM PARTNER INSTITUTION TO SOPHIA UNIVERSITY

I hereby approve the above student to withdraw from the exchange program between our two institutions.

Name of Institution

Signature of School Official

Date of Signature