

Signed  
2003

STUDENT EXCHANGE APPENDIX  
to the  
AGREEMENT OF COOPERATION  
between the  
STATE UNIVERSITY OF NEW YORK AT STONY BROOK  
and  
WASEDA UNIVERSITY

In accordance with Section II of the Agreement of Cooperation, the following mechanisms designed to encourage and facilitate exchange of students are hereby established:

1. Students are to be exchanged for the following period: [full academic year only]
2. The number of students to be exchanged each year will be two. The universities agree to achieve full reciprocity, that is, to exchange an equal number of students by the end of this Agreement period
3. Initial selection of students will take place at the home institution; however, the host institution reserves the right to deny admission to any student not meeting its general admission criteria.
4. Student dossiers should be received at the host institution no later than March 15 for fall admissions.
5. Each host university will guarantee incoming students secure accommodations provided the students meet all requirements and deadlines. Students will be responsible for their own housing costs.
6. The host university will waive tuition charges for the incoming exchange students and will inform them in a timely fashion concerning fees and expenses for which the student will be responsible.
7. Students shall be responsible for obtaining health insurance coverage to the satisfaction of the host institution.
8. Students must be enrolled in a full-time course load at the host university for the duration of the program and in accordance with the student's degree program
9. Students will be free to choose courses from the full range of courses available at the hosting institution, provided they satisfy course prerequisites and space is available.
10. Students who participate in the exchange program will not be degree candidates at the Host University.
11. Waseda University students will be eligible to attend any of the State University of New York campuses. Stony Brook University Study Abroad Office will facilitate this process though final acceptance will be subject to approval of each individual campus.
12. Extensions beyond the original length of stay will not be allowed under the terms of this agreement.

13. Upon the request of the student, at the end of a student's program overseas, each host university will send to the home institution an official record of coursework completed at the host institution.
14. Each university will assess academic work completed at the partner institution and will award credit to its students in accordance with its own academic policies and regulations.
15. This Appendix shall be in effect for the same period as the Agreement of Cooperation and may be adjusted in writing upon mutual agreement of the two parties. For matters not covered in the Appendix, the universities shall consult the Agreement of Cooperation.

For Waseda University

For Stony Brook University, State University of  
New York

*Katsuichi Uchida 17/4/03*

Professor Katsuichi Uchida      Date  
Dean, Center for International Education  
Waseda University

*Lawrence Martin 5/2/03*

Lawrence Martin      Date  
Dean of the Graduate School and  
Director of International Programs  
Stony Brook University

*K. Shirai*

Katsuhiko Shirai, Dr. Eng.      Date  
President  
Waseda University

*Shirley Strum Kenny 4/18/03*

Shirley Strum Kenny, Ph.D.      Date  
President  
Stony Brook University



### RECORDS RELEASE AUTHORIZATION

I, \_\_\_\_\_ (print name), hereby authorize the State University of New York at Stony Brook – specifically, the Office of International Academic Programs and its delegates – to obtain and release all of my educational records, (including course grades, faculty information, academic transcript, academic progress reports, disciplinary records if any) to the person or persons listed below.

If I should require medical treatment or emergency intervention of any sort, I hereby authorize the State University of New York at Stony Brook to furnish the person or persons listed below a copy of my medical records, including all treatment and diagnostic tests.

Photocopies may be used as originals.

\_\_\_\_\_ (print name)

Waseda Center for International Education

\_\_\_\_\_ (print name)

Waseda Center for International Education

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

This records release authorization expires on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month/day/year)