Pledge

1. I understand that Saitama University agrees to be my guarantor only for the period of hospitalization while I am enrolled in the University as an international student.
2. I will be covered under the “National Health Insurance” and the medical insurance designated by the University while I am hospitalized.
3. I agree to bear all costs for hospitalization.
4. When I am hospitalized, I understand and will follow the instructions from the hospital and the Office of International Affairs.

I hereby acknowledge that I understand and will follow the rules mentioned above.

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| --- | --- | --- | --- | --- |
| Date: |  | Name in full  |  | (signature) |