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| Seal of Professor |  |
| Seal of Supervisor |  |

(Form No. 9)

**Notification of Overseas Travel**

Date: year 　 month 　 day

To: The Dean, Graduate School of Medicine　　　Graduate School of Medicine Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Master / Doctoral Year of study\_\_\_\_\_\_\_\_\_\_\_\_

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| Student ID No. |  |  |  |  | － |  |  | － |  |  |  |  |

Name Signature

Address

Zip code (Mobile) Phone

E-Mail

I hereby present notification that I will travel overseas, as described below:

(1) Purpose: *(Please select one of the following. If you select No. 10, please provide further details)*

1. Leisure 2. Visit home / Extracurricular activities 3. Language study 4. Study 5. Internship\*　　　　　　　6. Japan overseas cooperation volunteers　7. Research　8. Fieldwork　9. Academic meeting 10. Other　　　　　11. Joint Degree / Double Degree　*\*Choose Internship only if you intend to have working experience.*

(2) Period: FROM year month day / TO year month day

(3) Destination(s):

*\* In case you visit more than one country and your purpose falls into any of 3 to 10 above, please attach Form No.9-a for each destination.*

(4) Hosting institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(5) Program name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\*Please attach any relevant documents describing the program contents.*

(6) Scholarships, Sponsors, etc.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(7) Please choose one of the following:

*1. I intend to earn academic credits at the host institution during this trip.*

*2. I intend to earn academic credits at Kyoto University during this trip.*

*3. I do not intend to earn academic credits during this trip.*

(8) Emergency contact in Japan during period of travel:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(9) Contact details during period of travel:

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Passport No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(10) Travel insurance: Name of company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(11) Security Export Control Checklist *\*Please answer the questions if your purpose falls into any of 4 to 10 above.*

Q1. I will transfer technologies to residents living overseas during this overseas trip. □ Yes □ No

Q2. I will hand-carry or send goods such as research equipment, measuring instruments or materials other than personal computers, digital cameras and/or mobile phones. 　　　　 □ Yes □ No

*\*If you check “Yes” in Q1. or Q2., you cannot go abroad unless you fill out the Form SEC-002 and have it checked.*

□ I have already submitted the Form SEC-002 to International Affairs and have already confirmed that this transaction is approved.　*Form SEC-002:* [*https://u.kyoto-u.jp/f90pn*](https://u.kyoto-u.jp/f90pn) *Place of submission:* [*a40anzen@mail12.adm.kyoto-u.ac.jp*](mailto:a40anzen@mail12.adm.kyoto-u.ac.jp)

(12) My Research field/laboratory has constituent members involved in medical activities: □ Yes □ No

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| Exchange Agreement | Leave of Absence | JD./DD. | Accident & Emergency Insurance etc. |
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