Seal of Professor		Notifica	tion of Oversea	as Travel	(,	Form No. 9)
Seal of Supervisor				Date: year	month	day
To: The Dean, Gradua	ate School o	of Medicine Gr	aduate School c	of Medicine Departr	nent	
				-	r of study	
			<i>c</i> <u> </u>			
		S	tudent ID No.			
		Nan	ne	Si	gnature	
		Add	ress			
		Zip	code	(Mobile) Phone		
		E-M	[ail			
l hereby present noti	fication tha	at I will travel overses	as, as described	l below:		
(1) Purpose: (Please s	select one oj	f the following. If you se	elect No. 10, plea	ase provide further details)		
6. Japan overseas	cooperatio	on volunteers 7. Res	search 8. Field	age study 4. Study 5. dwork 9. Academic me end to have working experienc	eting 10. Other_	
(2) Period: FROM ye	ear <u>ı</u>	monthday	/ TO ye	armonth	day	
3) Destination(s):						
<u>* In case you visit mor</u>	re than one c	ountry and your purpose	falls into any of 3	to 10 above, please attach For	m No.9-a <u>for each d</u>	estination.
4) Hosting institutio	n:					
(5) Program name: _		*Please	attach any relev	ant documents describing th	he program conter	nts.
(6) Scholarships, Spo	onsors, etc.	.:				
(7) Please choose on	e of the fol	lowing:				
1. I intend to earn a	icademic cr	edits at the host institut	tion during this t	rip.		
2. I intend to earn a	icademic cr	edits at Kyoto Universi	ty during this tri	р.		
3. I do not intend to	earn acade	emic credits during this	trip.			
(8) Emergency conta	ct in Japan	n during period of trav	vel:			
Name		Relationship		Telephone No		
9) Contact details du	aring perio	d of travel:				
Address			T	elephone No		
E-Mail			F	Passport No		
(10) Travel insurance	e: Name of	f company		Insurance No		
				your purpose falls into any		
Q1. I will transfer	technologie	es to residents living o	overseas during	this overseas trip. \Box	Yes 🛛 No	
-	•	goods such as research s and/or mobile phone		easuring instruments or m	aterials other than Yes □ No	n personal
*If you check "Yes	" in Q1. or 9	Q2., you cannot go abr	oad unless you fi	Il out the Form SEC-002 at	nd have it checked	•
•				fairs and have already con fsubmission: <u>a40anzen@m</u>		
(12) My Research fiel	d/laborator	ry has constituent men	nbers involved i	n medical activities:	Yes 🗆 No	
[For Official Use]						
Exchange Ag	reement	Leave of Absence	JD./DD.	Accident & Emergency	Insurance etc.	
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