

Seal of Professor	
Seal of Supervisor	

Notification of Overseas Travel

Date: year _____ month _____ day _____

To Dean, Graduate School of Medicine

*Circle your major and program

Program: Master's, Professional, Doctoral, Research studentMajor: Medicine, Medical Sci, Public Health, McGill IntStudent ID No:

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 Grade _____Name : _____
(Please print your name clearly)

Zip code: _____ (Mobile) Phone: _____

Address : _____

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 **9-1. Academic meeting/conference and Research activities (*2)** **9-2. Academic meeting/conference** 10. Other _____
 11. Joint Degree / Double Degree

*1 Choose Internship only if you intend to have working experience.

*2 Choose **No. 9-1**, if you plan to receive research guidance, hold research meetings, conduct fieldworks, etc. on-site in addition to presenting and participating in academic conferences. If your purpose is simply to make a presentation or participate in the meeting, select **No. 9-2**.

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

(3) Destination countries and regions: _____

*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. which finance this travel: _____

(7) Credit earning: (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 _____ Phone No. _____

(9) Contact details during travel period: Travel Phone & Email (if any): _____

Accommodation _____ Passport No. _____

(10) Travel Insurance Company _____ Policy 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 ☐ NoQ2. 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 confirmed that this transaction is approved. Form SEC-002: <https://u.kyoto-u.jp/f90pn> Place of submission: a40anzen@mail12.adm.kyoto-u.ac.jp

【For Official Use】

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