

Example for Travel under University Program

Ver2.2(2024.4.1)

Submit to Student Affairs Division

Submission Date: 12/4/2024

To: the President of Shiga University of Medical Science

Please submit at least one month before you travel.

School Year 3

Student ID *****

Name John Williams

**OVERSEAS TRAVEL CHECK SHEET
(For Students)**

I hereby notify you that I will travel overseas for the following purpose(s) in accordance with the Article 9 of Shiga University of Medical Science Regulation for Security Export Control, the Unfair Competition Prevention Act and the Convention on Biological Diversity.

I Destination, Duration, and Purpose of Travel

Transit and Destination (Country or Region)	the United States of America	
Duration	From 12/6/2024 to 20/6/2024	
Purpose of Travel	Travel by University Program	<input checked="" type="checkbox"/> Academic Conference (American ***** Society) <input type="checkbox"/> Study Abroad and Exchange <input type="checkbox"/> On-campus Program () <input type="checkbox"/> Others () To "II Travel by University Program"
	Private Overseas Travel	<input type="checkbox"/> Leisure <input type="checkbox"/> Temporary Return to Home Country <input type="checkbox"/> Others () To " III Itinerary and Destination"

II Travel by University Program

Supervisor	琵琶 花子
Source of Expenses	Travel Expenses : <input type="checkbox"/> Own Expense <input checked="" type="checkbox"/> Covered by University <input type="checkbox"/> Others () Daily Allowances and Accommodation Fees : <input type="checkbox"/> Own Expense <input checked="" type="checkbox"/> Covered by University <input type="checkbox"/> Others ()
Have you signed up for the Insurance of "Futai Kaigaku"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Scheduled Contract Date : / /)

*You must purchase travel insurance before travel.

III Itinerary and Destination

<u>Itinerary: (separate attachment accepted)</u>			
Duration	Flight Number	Name of Institution	Purpose
12/6/24	JL220	Kansai International Airport to New York City via Haneda	To make an academic presentation at the 2024 American ***** Society.
13/6/2024 to 18/6/2024	JL6		
19/6/2024	JL5	2024 American ***** Society Congress	Please refer to the next page before you fill out the "Itinerary and Destination".
20/6/2024	JL229	From New York City to Kansai International Airport via Haneda	
Emergency Contact while Traveling	Tel :090-****-**** E-mail :*****@gmail.com		
Emergency Contact in Japan during Travel	Name : Ann Williams (Relationship : Elder sister) Address : **-* Sannomiyacho, Kobe Chuo-ku, Hyogo 650-0021 Japan Tel : 090-***-****		
Embassy of Your Country Closest to the Destination	Embassy Name : British Consulate General New York Tel : +1 212 745 0200 E-mail :enquiry.net@newyork.mail.fco.gov.uk		
Passport No.	*****		

To: the President of Shiga University of Medical Science

Please submit at least one month before you

School Year 3

Student ID *****

Name Guo Xiaoping

**OVERSEAS TRAVEL CHECK SHEET
(For Students)**

I hereby notify you that I will travel overseas for the following purpose(s) in accordance with the Article 9 of Shiga University of Medical Science Regulation for Security Export Control, the Unfair Competition Prevention Act and the Convention on Biological Diversity.

I Destination, Duration, and Purpose of Travel

Transit and Destination (Country or Region)	People's Republic of China	
Duration	From 30/4/2024 to 3/5/2024	
Purpose of Travel	Travel by University Program	<input type="checkbox"/> Academic Conference () <input type="checkbox"/> Study Abroad and Exchange <input type="checkbox"/> On-campus Program () <input type="checkbox"/> Others () To "II Travel by University Program"
	Private Overseas Travel	<input type="checkbox"/> Leisure <input checked="" type="checkbox"/> Temporary Return to Home Country <input type="checkbox"/> Others () To " III Itinerary and Destination"

II Travel by University Program

Supervisor	
Source of Expenses	Travel Expenses : <input type="checkbox"/> Own Expense <input type="checkbox"/> Covered by University <input type="checkbox"/> Others () Daily Allowances and Accommodation Fees : <input type="checkbox"/> Own Expense <input type="checkbox"/> Covered by University <input type="checkbox"/> Others ()
Have you signed up for the Insurance of "Futai Kaigaku"?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Scheduled Contract Date : / /)

*You must purchase travel insurance before travel.

III Itinerary and Destination

Itinerary: (separate attachment accepted)			
Duration	Flight Number	Name of Institution	Purpose
30/4/2024	JL220	Kansai International Airport to Shanghai Pudong International Airport	Temporary return to home country.
2/5/2024	Undecided	From Shanghai to Guanzhou by train	
3/5/2024	JL5	From Guanzhou to Shanghai by train Pudong International Airport to Kansai International Airport	
Emergency Contact while Traveling		Tel :090-****-**** E-mail :*****@gmail.com	
Emergency Contact in Japan during Travel		Name : Guo Kexin (Relationship : Elder sister) Address : **-* Sannomiyacho, Kobe Chuo-ku, Hyogo 650-0021 Japan Tel : 090-***-****	

Please refer to the next page before you fill out the "Itinerary and Destination".

