Registration for overseas travels and foreign student’s temporary return to home country

　　Year month date

　To Dean of Graduate School of Integrated Sciences for Life

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| --- | --- | --- | --- | --- |
| Student ID No. | |  | Name | signature |
| Phone number (home) | |  | Phone number (mobile) |  |
| Name of supervisor or tutor | | (Supervisor’s stamp or signature only in the case of temporary return to home country) | E-mail |  |
| I wish to register my overseas travel, or temporary return to my home country as follow.  Notice  **Contacts during my travel** | | | |
| Type of oversea travel | | <Personal study abroad and trips> \*including the trips with supervisor knowledge, and even with leave of absence from school.  □private study abroad (Language training, short term study)　 □research　□presentation at a meeting  □attending a meeting □internship　□volunteer　□working holiday　□lab trip　□personal trip  □temporary return to home country　□others【　　　　　 　　　　　　　　】(Trips for students activities etc.) | | |
| Duration | | Departure JPN Year Month Date – Reentry JPN Year Month Date | | |
| Places to be visited  (country, city) | |  | | |
| Country of transit  (country, city) | |  | | |
| Destination  address and name | | Address：  Name of place：  Name of contact person：  Phone number（with country code number）：  E-mail（must be accessible abroad）： | | |
| Accommodations  address and name | | Address：  Name of accommodation：  Phone number（with country code number）： | | |
| Insurance for disasters and accidents during student’s education and research | | Have you bought it? □Yes, 　　□Not yet  If not yet, buy it immediately.  If your travel is for official educational program of the university, you can use this insurance even abroad. | | |
| Insurance　for accidents of overseas travelers | | Have you bought it? □ Yes, 　　□Not yet  If not yet, buy it immediately. | | |
| Name of company providing accident insurance for overseas travelers | |  | Number of accident insurance policy for oversea travelers |  |
| **Contact person in Japan in case of emergency (family, supervisor (only name), etc.)** | | | | |
| Name | |  | Relationship |  |
| Address | | 〒 | | |
| Phone number (home) | |  | Phone number (mobile) |  |

I have confirmed the following by myself (check appropriate boxes)

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| □I have submitted the trip schedule to my family or supervisor, and they have approved it.  □I have confirmed that the notice of danger is not released from the Ministry of Foreign Affairs (JPN) for my visiting place and country. |

(Note) The personal information in this form will be used for risk managements during your travel, and only when it is necessary for supervision of your study, following the Personal Information Protection Law of Japan.