Example

Please submit this form in advance before you travel overseas.

2018.11.1(Ver2.0)
Form No.7

To: the President of Shiga University of Medical Science

OVERSEAS TRAVEL FORM
(Personal Purposes)

I hereby notify you that I will travel overseas for the following purpose(s) in accordance with the Article 8 of Shiga University of Medical Science Regulation for Security Export Control, the Unfair Competition Prevention Act and the Convention on Biological Diversity.

Submission Date	October 1st 2018	
Division, Office, Center or Department Position Title/Name Extension Number Emergency Phone while traveling	Department of ********* Assistant Professor Taro Shiga 2936 ****@*****.**.** 090-****-****	
Transit and Destination (Country or Region)	Federal Republic of Germany (Republic of Finland)	
Purpose of Travel	Private travel abroad.	
Duration	October 6th 2018 to October 12th 2018	
Travel Dates/Period Declaration	Month/Day	City, State/Country * Name of Institution you are going to visit (see note 3.)
	10/6 10/11 10/12	Kansai International Airport to Munich via Helsinki-Vantaa Airport Munich to Kansai International Airport via Helsinki-Vantaa Airport Kansai International Airport
Will you travel with any technologies that are not sold on the open market, intellectual properties or devices including laptops and USB drives? (see note 4.)	☒ No ☐ Yes ( )	
Will you transfer any biological resources or biological samples from overseas, or carry any with you to overseas? (see note 4.)	☒ No ☐ Yes ( )	

1. You are required to submit this form when you travel overseas for personal purposes except for business.
2. Fill in the boxed area only.
3. Write the name of any academic conference or research institution that you will attend or visit.
4. If you transfer any biological resources or biological samples from overseas or carry any with you to overseas, write the details in the brackets and attach 'Form 8 Notification of Overseas Travel (Check Sheet)'.
5. If you decide to transfer any biological resources or biological samples from overseas or carry any with you to overseas after you submit this form, inform the Management Office of Medical Research of the details immediately. (You may need to complete another procedure in advance.)
6. If any companies or institutions pay travel or other expenses for you, please go through the procedure at the Personnel Division.

* Please understand that if concerns rise over the safety and security at your destinations, we may share the information that you provided with relevant departments.

Submit to: Management Office of Medical Research
risk@belle.shiga-med.ac.jp

Acceptance Date:

Management Office of Medical Research		
Director	Manager	Staff