

Example for Travel by University Program

Ver1.0(2019.7.1)

Submit to Student Division

Submission Date: 11/7/2019

To: the President of Shiga University of Medical Science

Please submit at least one month before you travel overseas.

School Year 1Student 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 8 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)	Federal Republic of Germany (Republic of Finland)	
Duration	From 15/8/2019 to 20/8/2019	
Purpose of Travel	Travel by University Program	<input checked="" type="checkbox"/> Academic Conference (**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 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

Please fill out the itinerary by referring to the next page.

<u>Itinerary: (separate attachment accepted)</u>		
Duration	Name of Institution	Purpose
15/8/2019	Kansai International Airport to Munich via Helsinki	To present at an international conference.
16/8/2019 to 18/8/2019	****Conference	
19/8/2019 to 20/8/2019	From Munich to Kansai International Airport via Helsinki	
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 : U.S. Consulate General Munich Tel : +49-89-2888-0 E-mail : ConsMunich@state.gov	
Passport No.	*****	

I confirmed MOFA's "Overseas Travel Safety Information".

To back side of "IV Check Items for the Personal Information Protection Act at Travel Overseas"

IV Check Items for the Personal Information Protection Act at Travel Overseas

I recognize that personal information is valuable and I pay close attention to the handling personal information.
 I do not provide personal information to overseas countries.
 * Please refer to the "Overseas Travel Safety Information" on the back side of this form.

Please keep in mind the Personal Information Protection Act and GDPR even if you travel to countries other than the EU.

V Check items for Security Export Control, the Unfair Competition Prevention Act and the Convention on Biological Diversity

Will you travel with any technologies that are not sold on the open market, intellectual properties or devices including laptops and USB drives?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ()
Will you transfer any biological resources or biological samples from overseas, or carry any with you to overseas?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ()

If any answer is "Yes", please contact the Management Office of Medical Research immediately.

* 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 please contact the Management Office of Medical Research immediately.

VI Pledge

I will comply with various laws, regulations and strive to comprehend information around the destination, and pledge to pay attention to safety. In addition, I will notify immediately if changes among other things occur to the above-mentioned check items.

Signature John Williams

* Please understand that if the international affairs deteriorate or an incident or accident occur, we may share the above information with related departments for safety confirmation.

Regarding the description of the itinerary in "III Itinerary and Destination"

1. It is possible to submit it by attaching itinerary prepared by travel agencies.
2. If the itinerary cannot be included in the box, it is possible to submit it across pages.
3. If the itinerary from departure to return is stated, any form is acceptable.

Management Office of Medical Research		
Director	Manager	Staff

Please add rows if you cannot fill in the box for the answer of each check item.

To: the President of Shiga University of Medical Science

Please submit before you travel overseas.

School Year 1

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 8 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)	Federal Republic of Germany, Republic of Austria	
Duration	From 15/8/2019 to 25/8/2019	
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 checked="" 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	
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

Please fill out the itinerary by referring to the next page.

<u>Itinerary: (separate attachment accepted)</u>		
Duration	Name of Institution	Purpose
15/8/2019	Kansai International Airport to Munich	For tourism.
17/8/2019	Munich to Salzburg	
23/8/2019	Salzburg to Munich	
24/8/2019	From Munich flying overnight	
25/8/2019	Arrive at Kansai International Airport	
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 : U.S. Consulate General Munich Tel : +49-89-2888-0 E-mail : ConsMunich@state.gov	

Embassy of Your Country Closest to the Destination	Embassy Name : U.S. Embassy Vienna Tel : +49-89-2888-0 E-mail : ConsulateVienna@state.gov
Passport No.	*****
<input checked="" type="checkbox"/> I confirmed MOEA's "Overseas Travel Safety Information".	

To back side

Please keep in mind the Personal Information Protection Act and GDPR even if you travel to countries other than the EU.

IV Check Items for the Personal Information Protection Act at Travel Overseas

I recognize that personal information is valuable and I pay close attention to the handling personal information at most care.

I do not acquire personal information by a deception or other wrongful means.

* Please be careful with the handling of personal information of EU resident (including E-mail address) based on GDPR (General Data Protection Regulation).

V Check items for Security Export Control, the Unfair Competition Prevention Act and the Convention on Biological Diversity

Will you travel with any technologies that are not sold on the open market, intellectual properties or devices including laptops and USB drives?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ()
Will you transfer any biological resources or biological samples from overseas, or carry any with you to overseas?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ()

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Management Office of Medical Research		
Director	Manager	Staff

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