Submit to Student Division

Submission Date: / /

To: the President of Shiga University of Medical Science

School Year

Student ID

Name

**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) |  |
| Duration | From　　/ / / to / /  |
| Purpose of Travel | Travel by University Program  | [ ]  Academic Conference ( )[ ]  Study Abroad and Exchange[ ]  On-campus Program ( 　　 　　　 　　　 )[ ]  Others(　　　　　　　 　　　 　　) To “II Travel by University Program” |
| Private Overseas Travel | [ ]  Leisure[ ]  Temporary Return to Home Country[ ]  Others (　　　　　　　 　　　 　　)To “ III Itinerary and Destination” |

　II　Travel by University Program

|  |  |
| --- | --- |
| Supervisor |  Signature |
| Source of Expenses | Travel Expenses : [ ]  Own Expense　[ ]  Covered by University　[ ]  Others ( )Daily Allowances and Accommodation Fees :[ ]  Own Expense　[ ]  Covered by University　[ ]  Others ( ) |
| Have you signed up for the Insurance of "Futai Kaigaku"?  | 　[ ]  Yes　　　　　　[ ]  No (Scheduled Contract Date : / ) |

\* You must purchase travel insurance before travel.

Ⅲ　Itinerary and Destination

|  |
| --- |
| Itinerary: (separate attachment accepted) |
| Duration | Name of Institution | Purpose |
|  |  |  |
| Emergency Contact while Traveling | Tel :　　　 　　　　　　E-mail :  |
| Emergency Contact in Japan during Travel | Name :　　　　　　　　　(Relationship :　　　)Address :Tel :  |
| Embassy of Your Country Closest to the Destination | Embassy Name :Tel :　　　　　 　E-mail :  |
| 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 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? | [ ]  No　[ ]  Yes（　　　　　　　　　　　　　　　　　　　　） |
| Will you transfer any biological resources or biological samples from overseas, or carry any with you to overseas? | [ ]  No　[ ]  Yes（　　　　　　　　　　　　　　　　　　　　） |

* 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

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| 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　　　　　　　　　　　　　　　　　　　 |

* + 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.

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| --- |
| Management Office of Medical Research |
| Director | Manager | Staff |
|  |  |  |