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 | Month Day, Year: | |
| Division, Office, Center or Department  Position Title/Name  Extension Number  Emergency Phone while traveling |  | |
| Transit and Destination (Country or Region) |  | |
| Purpose of Travel |  | |
| Duration | Month Day, Year to Month Day, Year: | |
| Travel Dates/Period Declaration | Month/Day | City, State/Country  \* Name of Institution you are going to visit (see note 3.) |
|  |  |
| 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](mailto:risk@belle.shiga-med.ac.jp)

[Management Office of Medical Research]

Confirmation Date of the Director : Choose the Date

Confirmation Date of the Staff : Choose the Date