

Example for Travel under University Program

Ver2.2(2024.4.1)

Submit to Student Affairs Division

Submission Date: 12/4/2024

To: the President of Shiga University of Medical Science

Please submit at least one month before you travel.

School Year 3

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 9 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 12/6/2024 to 20/6/2024	
Purpose of Travel	Travel by University Program	<input checked="" type="checkbox"/> Academic Conference (American ***** Society) <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

<u>Itinerary: (separate attachment accepted)</u>			
Duration	Flight Number	Name of Institution	Purpose
12/6/24	JL220	Kansai International Airport to New York City via Haneda	To make an academic presentation at the 2024 American ***** Society.
13/6/2024 to 18/6/2024	JL6		
19/6/2024	JL5	2024 American ***** Society Congress	Please refer to the next page before you fill out the "Itinerary and Destination".
20/6/2024	JL229	From New York City to Kansai International Airport via Haneda	
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 : British Consulate General New York Tel : +1 212 745 0200 E-mail :enquiry.net@newyork.mail.fco.gov.uk		
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 C 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 itinerary in "III Itinerary and Destination"

1. You can also submit an itinerary prepared by travel agencies instead.
2. Please add lines, if you cannot fill in your entire itinerary on the form.
3. Please fill in your entire itinerary. You can submit it in any format.
4. Please be sure to write the flight numbers to/from Japan. However, if you have not yet decided on your travel route within the destination countries, you do not need to write the flight numbers.

Management Office of Medical Research	
Manager	Staff

Please add lines, if you can't fill in the box.

Please be sure to check MOFA's "Overseas Travel Safety Information" before you travel.

To: the President of Shiga University of Medical Science

Please submit at least one month before you

School Year 3

Student ID *****

Name Guo Xiaoping

**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 9 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)	People's Republic of China	
Duration	From 30/4/2024 to 3/5/2024	
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 type="checkbox"/> Leisure <input checked="" type="checkbox"/> Temporary Return to Home Country <input type="checkbox"/> Others () To " III Itinerary and Destination"

II Travel by University Program

Supervisor	
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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

Itinerary: (separate attachment accepted)			
Duration	Flight Number	Name of Institution	Purpose
30/4/2024	JL220	Kansai International Airport to Shanghai Pudong International Airport	Temporary return to home country.
2/5/2024	Undecided	From Shanghai to Guanzhou by train	
3/5/2024	JL5	From Guanzhou to Shanghai by train Pudong International Airport to 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-***-****	

Please refer to the next page before you fill out the "Itinerary and Destination".

Embassy of Your Country Closest to the Destination	Embassy Name : British Consulate General New York Tel : +1 212 745 0200 E-mail : enquiry.net@newyork.mail.fco.gov.uk
Passport No.	*****
<input checked="" type="checkbox"/> I confirmed MOFA's "Overseas Travel Safety Information".	

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