

**Example for under University Program**

Submit to Student Affairs Division

Submission Date: **3/10/2025**

To: the President of Shiga University of Medical Science

Please submit this form at least one month before your travel.

School Year **2**Student ID **\*\*\*\*\***Name **Nguyen Minh Le****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)	<b>New Orleans, Louisiana, United States of America</b>	
Duration	From <b>6/11/2025</b> to <b>11/11/2025</b>	
Purpose of Travel	Travel by University Program	<input checked="" type="checkbox"/> Academic Conference ( <b>AHA Scientific Sessions 2025</b> ) <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**

Please fill in the same duration.

Supervisor	Signature <b>近江 麻衣子</b>
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 type="checkbox"/> Yes <input type="checkbox"/> No (Scheduled Contract Date : / / )

\* Please contact the Student Affairs Division at least one month prior to

**III Itinerary and Destination**

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

Itinerary: (separate attachment accepted)			
Duration	Flight Number	Name of Institution	Purpose
<b>6/11/2025</b>	<b>UA34</b>	<b>From Osaka to San Francisco</b>	<b>Poster Presentation at the AHA Scientific Sessions 2025</b>
	<b>UA2855</b>	<b>From San Francisco to George Bush Intercontinental Airport</b>	
	<b>UA2474</b>	<b>From George Bush Intercontinental Airport to New Orleans, Louisiana</b>	<b>Venue : Ernest N. Morial Convention Center</b>
<b>10/11/2025</b>	<b>UA2744</b>	<b>From New Orleans, Louisiana to George Bush International Airport</b>	
<b>10/11/2025</b>	<b>UA1768</b>	<b>From George Bush International Airport to San Francisco International Airport</b>	
<b>10/11/2025</b>	<b>UA35</b>	<b>Departure from San Francisco International Airport</b>	
<b>11/11/2025</b>		<b>Arrival at Osaka</b>	
Emergency Contact while Traveling		Tel <b>090-****-****</b> E-mail : <b>****@hotmail.com</b>	

Emergency Contact in Japan during Travel	Name : <b>Pham Huong Giang</b> (Relationship : <b>Spouse</b> ) Address : <b>*-*: Tsukinowa, Otsu Shiga 520-2152 Japan</b> Tel : <b>077-****-****</b>
Embassy of Your Country Closest to the Destination	Embassy Name : <b>EMBASSY OF THE Socialist Republic of Vietnam</b> Tel : <b>+1-202-999-6938</b> E-mail : <b>baohocongdan@vietnamembassy.us</b>
Passport No.	*****
<input checked="" type="checkbox"/> 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

<input checked="" type="checkbox"/> I recognize that personal information is valuable and I pay close attention to the handling personal information at most care.
<input checked="" type="checkbox"/> 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 ( )

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	<i>Nguyen Minh Le</i>

\* 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.
5. Please fill in the duration that is the same as the start date and end date of your travel plans listed in "I Destination, Duration, and Purpose of Travel".

年 月 日

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Please add lines, if you cannot fill in the box.

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

**Example for Private Overseas Travel**

Submit to Student Affairs Division

Submission Date: **12/7/2025**

To: the President of Shiga University of Medical Science

**Please submit this form before your travel.**School Year **3**Student ID **\*\*\*\*\***Name **Amina binti Mohd Azizi****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)	<b>Kuala Lumpur, Malaysia</b>		
Duration	From <b>16/8/2025</b> to <b>31/8/2025</b>		
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	Signature
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 : / / )

\* Please contact the Student Affairs Division at least one month prior to

**III Itinerary and Destination**

<u>Itinerary: (separate attachment accepted)</u>			
Duration	Flight Number	Name of Institution	Purpose
<b>16/8/2025</b>	<b>D7533</b>	<b>From Osaka to Kuala Lumpur</b>	<b>Temporary return to home country.</b>
<b>31/8/2025</b>	<b>D7532</b>	<b>From Kuala Lumpur to Osaka</b>	
Emergency Contact while Traveling	Tel <b>070-****-****</b> E-mail : <b>****@gmail.com</b>		
Emergency Contact in Japan during Travel	Name : <b>Tun Hashim Mohd Ali</b> (Relationship : <b>Spouse</b> ) Address : <b>*-:- Higashiyagura, Kusatsu Shiga 525-0054 Japan</b> Tel : <b>077-****-****</b>		
Embassy of Your Country Closest to the Destination	Embassy Name : <b>EMBASSY OF JAPAN IN KUALA LUMPUR, MALAYSIA</b> Tel : <b>603-21772600</b> E-mail : <b>ryo@kl.mofa.go.jp</b>		
Passport No.	<b>*****</b>		
<input checked="" type="checkbox"/> I confirmed MOFA's "Overseas Travel Safety Information".			

## 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 ( )

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 Amina binti Mohd Azizi

\* 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.

起案日： 年 月 日

## 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.
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Please add lines, if you cannot fill in the box.

Please be sure to check MOFA's “Overseas Travel Safety Information” before your travel.