

Please submit this form as an attachment to the Research Promotion Division (hqkenkyu@belle.shiga-med.ac.jp) before your departure.

2025.3.1(Ver4.0) 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 9 of Shiga University of Medical Science Regulation for Security Export Control the Unfair Competition Prevention Act and the Convention on Biological Diversity. . .

onvention on Biological Diversity.		Please provide an email address or a phone				
Submission Date	April 7, 2025 Department of ***********************************					
Division, Office, Center or Department	Department	OT	abroad. This may be used to ensure your safety.			
Position Title/Name Extension Number	Assistant Professor / James Smith					
Emergency Phone while traveling	*****@***.*** or 090-++++-+++					
Transit and Destination (Country or Region)	Los Angeles, United States of America					
Purpose of Travel	Returning to my home country to attend my cousin's wedding.					
Duration	From April 10, 2025 to April 18, 2025					
Travel Dates/Period Declaration	Month/Day	Flight Number	City, State/Country * Name of Institution you are going to visit (see note 3.)			
This does not include research information or data for your	4/10	NH98	Departing from Kansai International Airport Arrival at Tokyo International Airport			
own personal use. However, if	4/11	NH106	Departing from Tokyo International Airport			
you share it with others, it also includes research information	4/14		Arrival at Los Angeles International Airport Attend my cousin's wedding			
and data stored on your	4/17 4/18		Departing from Los Angeles International Airport			
computer, USB and so on.		NH15	Arrival at Tokyo International Airport Departing from Tokyo International Airport Arrival at Kansai International Airport			
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 for	orm when y					

2. Fill in the boxed area only.

If "Yes", please be sure to provide the details in the brackets.

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: Research Promotion Division

hqkenkyu@belle.shiga-med.ac.jp

•	年	月
•	4-	月

	起案	日:	年	月	日
研究推進課長	課長補佐		研究推進係		
医学研究監理室長					•