

Example Entry: Partial University Funding for Travel

Submit to: Student Affairs Division

Submission Date: **3/10/2026**

To: The President of Shiga University of Medical Science

Please submit this form at least one month prior to your departure.

School Year **2**Student ID *********Name **Nguyen Minh Le****OVERSEAS TRAVEL CHECK SHEET
(For International Students)**

I hereby notify you that I will travel overseas for the following purpose(s) in accordance with 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)	Chicago, Illinois, United States of America	
Duration	From 6/11/2026 to 11/11/2026	
Purpose of Travel	Travel by University Program	<input type="checkbox"/> Assignment to a Laboratory <input checked="" type="checkbox"/> Academic Conference (AHA Scientific Sessions 2026) <input type="checkbox"/> Study Abroad and Exchange <input type="checkbox"/> On-campus Program () <input type="checkbox"/> Others ()
	Private Overseas Travel	<input type="checkbox"/> Leisure <input type="checkbox"/> Others ()
Supervisor	Signature 近江 麻衣子	
Source of Expenses	Travel Expenses : <input checked="" type="checkbox"/> Own Expense <input checked="" type="checkbox"/> Covered by the University <input type="checkbox"/> Others () Daily Allowances and Accommodation Fees: <input checked="" type="checkbox"/> Own Expense <input checked="" type="checkbox"/> Covered by the University <input type="checkbox"/> Others (The university provides support for travel and per diem expenses up to 300,000 JPY; I will cover any costs exceeding this amount.)	
Have you signed up for the Insurance of "Futai Kaigaku"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Scheduled Contract Date : / /)	

* SUMS requires all students to sign up for insurance when traveling for a "University Program". Please contact the Student Affairs Division at least one month prior to your departure for enrollment.

II. Itinerary and Destination

<u>Itinerary indicated in the attached document</u>	
Emergency Contact While Traveling	Tel : 090-****-**** E-mail : *****@***.***
Emergency Contact in Japan during Travel	Name : Pham Ngoc Lan (Relationship : Spouse) Address : **-* Tsukinowa, Otsu, Shiga 520-2152 Japan Tel : 090-****-**** or 077-***-****
Passport No.	*****
<input checked="" type="checkbox"/> I have confirmed MOFA's "Overseas Travel Safety Information".	

Refer to the back side for "III. Check Items for the Personal Information Protection Act when Traveling Overseas"

Please state the travel period (from the departure date through the return date) as listed on the attached document, 'Travel Itinerary for OVERSEAS TRAVEL CHECK SHEET (For Students/International Students).'

III. Check Items for the Personal Information Protection Act when Traveling Overseas

- ☒ I recognize that personal information is valuable and I pay close attention to the handling of personal information with the utmost care.
- ☒ I do not acquire personal information by deception or other wrongful means.
- * Please be careful with the handling of personal information of EU residents (including E-mail addresses) based on the GDPR (General Data Protection Regulation).

IV. Check items for Security Export Control, the Unfair Competition Prevention Act and the Convention on Biological Diversity

<p>Will you travel with any technologies that are not sold on the open market, intellectual property, or devices including laptops and USB drives?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ()</p>
<p>Will you transfer any biological resources or biological samples from overseas, or carry any with you overseas?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If you answer "Yes" to any question, please contact the Management Office of Medical Research immediately.</p>

* If you transfer any biological resources or biological samples from overseas or carry any with you to overseas, please provide the details in the brackets and contact the Management Office of Medical Research immediately.

V. Pledge

I will comply with various laws and regulations, strive to comprehend information regarding the destination, and pledge to pay attention to safety. In addition, I will notify immediately if changes occur to the above-mentioned check items, among other things.

Signature Nguyen Minh Le

* Please understand that if international affairs deteriorate or an incident or accident occurs, we may share the above information with related departments for safety confirmation.

起案日： 年 月 日

研究推進課長	課長補佐	研究推進係長	研究推進係
医学研究監理室長			

Example Entry: Personal TravelSubmit to: **Student Affairs Division**Submission Date: **3/10/2026**

To: The President of Shiga University of Medical Science

Please submit this form before your departure.School Year **3**Student ID *********Name **Enkhbayar Munkhbat****OVERSEAS TRAVEL CHECK SHEET
(For International Students)**

I hereby notify you that I will travel overseas for the following purpose(s) in accordance with Article 9 of the 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)	Ulaanbaatar, Mongolia (Republic of Korea)		
Duration	From 16/8/2026 to 31/8/2026		
Purpose of Travel	Travel by University Program	<input type="checkbox"/> Assignment to a Laboratory <input type="checkbox"/> Academic Conference () <input type="checkbox"/> Study Abroad and Exchange <input type="checkbox"/> On-campus Program () <input type="checkbox"/> Others()	
	Private Overseas Travel	<input type="checkbox"/> Leisure <input checked="" type="checkbox"/> Others (I'm going to renew my passport and spend time with my family.)	
Supervisor	Signature 守山 千代		
Source of Expenses	Travel Expenses: <input checked="" type="checkbox"/> Own Expense <input type="checkbox"/> Covered by the University <input type="checkbox"/> Others ()		
	Daily Allowances and Accommodation Fees: <input checked="" type="checkbox"/> Own Expense <input type="checkbox"/> Covered by the University <input type="checkbox"/> Others ()		
Have you signed up for the Insurance of "Futai Kaigaku"?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Scheduled Contract Date : / /)		

* SUMS requires all students to sign up for insurance when traveling for a "University Program". Please contact the Student Affairs Division at least one month prior to your departure for enrollment.

II. Itinerary and Destination

<u>Itinerary indicated in the attached document</u>	
Emergency Contact While Traveling	Tel : 090-****-**** E-mail : *****@***.***
Emergency Contact in Japan during Travel	Name: Tserenlkham Oyungerel (Relationship : Spouse) Address: *_* Noji, Kusatsu, Shiga 525-0059 Japan Tel: 090-****-**** or 077-****-****
Passport No.	*****
<input checked="" type="checkbox"/> I have confirmed MOFA's "Overseas Travel Safety Information".	

Refer to the back side for "III. Check Items for the Personal Information Protection Act when Traveling Overseas"

Please state the travel period (from the departure date through the return date) as listed on the attached document, 'Travel Itinerary for OVERSEAS TRAVEL CHECK SHEET (For Students/International Students)'.

☒ I recognize that personal information is valuable and I pay close attention to the handling of personal information with the utmost care.

☒ I do not acquire personal information by deception or other wrongful means.

* Please be careful with the handling of personal information of EU residents (including E-mail addresses) based on the GDPR (General Data Protection Regulation).

Will you travel with any technologies that are not sold on the open market, intellectual property, 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 overseas?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ()

If you answer "Yes" to any question, please contact the Management Office of Medical Research immediately.

V. Pledge

Signature

Enkhbayar Munkhbat

* Please understand that if international affairs deteriorate or an incident or accident occurs, we may share the above information with related departments for safety confirmation.

起案日： 年 月 日

研究推進課長	課長補佐	研究推進係長	研究推進係
医学研究監理室長			

海外渡航について（チェックシート）（学生用）行程表
Travel Itinerary for OVERSEAS TRAVEL CHECK SHEET (For Students/International Students)

年月日 Year/Month/Day	便名 Flight No.	発着地名（国名） Places of Departure and Arrival	訪問先の名称 Name of Institution	用務・目的 Purpose
2026/8/16 (1)	GK230	From Kansai International Airport to Narita International Airport		Domestic flight
	OM502	From Narita International Airport to Chinggis Khaan International Airport		Departure from Japan
2026/8/16- 2026/8/31				Renew my passport and spend time with my family.
2026/8/31 (2)	TW424	From Chinggis Khaan International Airport to Daegu International Airport		I plan to stay at the airport during the layover.
	TW509	From Daegu International Airport to Kansai International Airport		Return to Japan

- Please ensure the departure date (1) and return date (2) you enter here exactly match the dates listed in Section I of your "OVERSEAS TRAVEL CHECK SHEET (For International Students)".
- Please enter the name of the conference or research institution.
- Please enter a detailed description of your travel purpose in the "Purpose" field. Include specific activities such as attending a conference, presenting a poster, or joining a training program.
- Please add extra rows if you need more space for the full itinerary.
- Please do not enter only the country name. Be sure to include the specific cities or regions you will visit or stay in.

Example: ✕ France ✓ Paris (France) ✓ Amiens (France) ✓ Singapore
– For locations sharing the same name, such as Singapore, please enter only the country.

※ 発着地名は「市町村名（国名）」の形式で記載してください。

*Please list the departure and arrival in the format of 'Municipality (Country)'.
 Example: 'Municipality (Country)'