専攻長	指導教員					
		(Form No. Notification of Overseas Travel				
To: The Dear	n, Graduate Sch	Date: yearmonthday nool of Agriculture				
		Graduate School of Agriculture Division				
	Graduate School Department					
		Year admitted/Transferred: Year of study				
		Student ID No.				
		Name Signature / Official seal				
Address						
	Zip code (Mobile) Phone					
	E-Mail					
I hereby pres	ent notification	that I will travel overseas, as described below:				
• •		e of the following. If you select No. 10, please provide further details)				
		ne / Extracurricular activities 3. Language study 4. Study 5. Internship(*)				
		on volunteers 7. Research 8. Fieldwork 9. Academic meeting				
-	-	11. Joint Degree / Double Degree				
		ou intend to have working experience.				
		month day / TO year month day				
		uuj				
	on aria/city:					
	•	than one country and your purpose falls into any of 3 to 10 above, please attach				
	orm No.9-a for each					
(4) Hosting in	nstitution:					
(5) Program	name:					
*P	lease attach any rele	vant documents describing the program contents.				
(6) Scholarsh	ips, Sponsors,	etc. which finance this travel:				
(7) Please ch	oose one of the	following:				
	1. I in:	tend to earn academic credits at the host institution during this trip.				
	2. I int	tend to earn academic credits at Kyoto University during this trip.				
	3. I do	not intend to earn academic credits during this trip.				
(8) Emergence	cy contact in Jaj	pan during period of travel:				
Name	e	Relationship Telephone No				
(9) Contact d	etails during pe	riod of travel:				
Addr	ess	Telephone No				
E-Ma	ail	Passport No				

As for the traveling overseas for purposes of conference, research, fieldwork or study abroad, your laboratory joins I-RAC* crisis management system for you. In order for your laboratory to join the I-RAC, you need to join an overseas traveling insurance first and notify your laboratory. Note that I-RAC is not an overseas traveling insurance to cover your medical costs in case of an accident. This is to make crisis management and to take necessary actions in cooperation with university, embassy, medical center and your traveling insurance company.

☐ Not joined I-RAC (private travel only)

Insurance No.____

(10) Travel insurance:

Name of company_

☐ Joined I-RAC

(11) Security Export Control

- *Please answer the following questions only if your purpose of travel falls under 4 to 11 in (1) Purpose.
- ① Please check "Yes" if you transfer technologies to residents living overseas during overseas trip. Even if you bring out technologies, please check "No" in case of your own use or in the scope of technologies presented at an academic conference which sets no audience qualifications.
- ② Please check "Yes" if you send goods or hand-carry them such as research equipment, measuring instruments or materials other than personal computers, tablet computers, digital cameras, video cameras, voice recorders, mobile phones, smartphones and/or smartwatches.

【事務使用欄】

交流協定・覚書	休学	DD/JD	緊急事故支援保険等

(専攻事務室