	Date	(yyyy/mm/dd)
Dean, Graduate School of		
		Course
	Graduate School of	M.S. Ph.D.
	Lab Name:	
	Student ID#:	
	Name:	
Overs	eas Travel Notific	ation
This is to notify you of the follo	owing overseas trip.	
Duration: From	to	(yyyy/mm/dd)
Destination: (City, country)		
Destination: (Accepting institution	on)	
Accepting staff/faculty member:		
Contact information: (phone \cdot)	e-mail)	
Purpose:	an overseas university/instituti	ion
□ Internship at an ov	verseas institution	
□ Conference/sympos	sium/seminar/etc.	
XName of event/act	tivity	
\Box Other (Please exp	lain)	
Fulfills credit requirements (in p	oart or full) Yes • No	
⅔If yes, write NAIS	ST subject name :	
Travelling with faculty Yes \cdot 1	No School GSIS \cdot GSBS \cdot GSI	MS Name
Submitted university travel pape	erwork Yes · No	
Residence overseas:	Duration: From	to
Address overseas:		
Emergency contact information i	n Japan	
Name (Relation)	Phone • email : _	
⅔In event of travel changes cont	act Educational Planning Sect	ion, Educational Affairs Dept.

*For multiple residences, copy residence section above and add all residence information. Educational Planning Section e-mail: gakukyo@ad.naist.jp phone:0743-72-6247