**［2018年4月改訂版］農学国際専攻海外渡航計画書**

**Application for overseas travel plan - Dept. of Global Agricultural Sciences -**

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|  |  | | | | | | 西暦　　　年　　月　　日提出  (Year / Month / Day) | | |
| 1. | 渡航者Applicant’s information | | | | | | 学籍番号ID No . | | |
|  | 氏　　名Name . | | | | | | □博士課程・□修士課程 年 　月入進学 | | |
|  | 研究室名Laboratory　 . | | | | | | □DC ・ □MC　Date of admission (Year / Month ) | | |
| 2. | 渡航期間 Period of travel | | 西暦2019年　8月25日 ～ 西暦2019年　8月31日 | | | | | | |
|  |  | | (Year/Month/Day) (Year/Month/Day) | | | | | | |
| 3. | 教員の同行Is a supervisor accompanying? | | | | | | | | |
|  | ■有Yes ・ □無No (有の場合は以下も記入 If yes, complete below) | | | | | | | | |
|  | 同行期間Accompanying period | | 西暦2019年　8月25日 ～ 西暦2019年　8月31日 | | | | | | |
|  |  | | | | | (Year/Month/Day) (Year/Month/Day) | | | |
|  | 同行教員氏名 Name of accompanying supervisor | | | | | 露木聡、中西啓仁、阪井裕太郎、石原広恵 . | | | |
| 4. | 受け入れ可能を証明する文書(メール等の写し等)添付 (無の場合は理由と対応を記入) | | | | | | | | |
|  | Is a written consent of acceptance (email, etc.) attached? If not, specify reasons and alternative measures.  （記入不要） . | | | | | | | | |
| 5. | 渡航・滞在費の出所Source of fund | | | （記入不要） . | | | | | |
| 6. | 海外旅行保険の加入状況Details of overseas travel insurance policy | | | | | | | | |
|  | 会社名Insurance company 付帯海学 　　 . | | | | 領収書/契約書コピーを添付 Attach receipt or contract. | | | | |
|  | 補償内容 | 傷害（□死亡，□傷害後遺障害，□治療）疾病(□死亡，□治療),□救援費用，  □旅行変更費用, □緊急一時帰国費用 | | | | | | | |
|  | Coverage | Accicdent (□Death, □Physical impediment, □Medical exp.), Sickness (□Death, □Medical exp.), □Rescue exp. □Travel cancellation, □Emergency evacuation | | | | | | | |
| 7. | 病気への予防対策（予防接種の名称・接種日および携行医薬品の名称）(予防接種の証明書コピーを添付)Preventive measures against diseases (Name of vaccines, inoculation dates and name of carrying medicine ) (Attach a copy of vaccination document.)    . | | | | | | | | |
| 8. | 健康状態（健康診断受診年月日、既往症の有無・病名）  Health status (Date of the latest medical examination, disease history in the past)  . | | | | | | | | |
| 9. | 緊急時連絡先Emergency Contacts | | | | | | | | |
|  | 1. 本人（海外での直接連絡先）Applicant (Direct contact with overseas) | | | | | | | | |
|  | 電話Phone number . | | | | | | Email . | | |
|  | 1. 家族氏名Name of a parent or relative . | | | | | | | | |
|  | 住所Address　 . | | | | | | | | |
|  | 電話Phone number　 . | | | | | | Email . | | |
|  | 1. 指導教員氏名Name of supervisor　 . | | | | | | | | |
|  | 住所Address . | | | | | | | | |
|  | 電話Phone number . | | | | | | Email . | | |
|  | 1. 連絡担当学生氏名　Name of liaison student . | | | | | | | | |
|  | 住所Address . | | | | | | | | |
|  | 電話Phone number . | | | | | | Email . | | |
| 10. | 活動等の詳細情報は添付ファイル（海外野外活動安全衛生管理計画書コピー）の通り。 Detailed information of activity is shown in the attachment, or a copy of “Health and safety management plan of overseas outdoor activities”. | | | | | | | | |
|  |  | | | | | | | |  |
| 確認欄：　以上の事項を確認しました。We undersigned have confirmed above-mentioned matters. | | | | | | | | | |
| 渡航者氏名Student name | | | | | | | |  | |
| 指導教員氏名Supervisor name | | | | | | | |  | |
| 家族等氏名Name of a parent or relative | | | | | | | |  | |
| （続柄Relationship：　　　 　　　） | | | | | | | |  | |

本計画書とともに「海外野外活動安全衛生管理計画書」のコピーを教務課専攻支援チーム（山下さん）に提出すること。  
Submit this application to Students’ Service Center (Ms. Yamashita) with a copy of ‘Health and safety management plan overseas outdoor activities’