Example for Travel under University Program

To: the President of Shiga University of Medical Science

Ver2.2(2024.4.1) Submit to Student Affairs Division Submission Date: 12/4/2024

Please submit at least one month before you travel.

| School | Year | 3 | |
|---------|------|----------|--|
| Student | ID | ***** | |
| Name | John | Williams | |

OVERSEAS TRAVEL CHECK SHEET (For Students)

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.

I Destination, Duration, and Purpose of Travel

| Transit and Destination (Country or Region) | the United States of America | | |
|--|------------------------------------|--|--|
| Duration | From 12 | From 12/6/2024 to 20/6/2024 | |
| Purpose of Travel | Travel by University Program | ☑ Academic Conference (American ****** Society) □ Study Abroad and Exchange □ On-campus Program () □ Others() □ To "II Travel by University Program" | |
| | Private Overseas Travel | Leisure Temporary Return to Home Country Others () To "III Itinerary and Destination" | |

II Travel by University Program

| Supervisor | 琵琶 龙子 |
|--|---|
| Source of Expenses | Travel Expenses : □ Own Expense ⊠ Covered by University □ Others () Daily Allowances and Accommodation Fees : □ Own Expense ⊠ Covered by University □ Others () |
| Have you signed up for the Insurance of "Futai Kaigaku"? | ⊠ Yes □ No (Scheduled Contract Date : /) |

* You must purchase travel insurance before travel.

III Itinerary and Destination

| Itinerary: (separate attachment accepted) | | | |
|---|------------------|---|--|
| Duration | Flight Number | Name of Institution | Purpose |
| 12/6/24 | JL220 JL6 | Kansai International Airport to New York City via Haneda | To make an academic presentation at the 2024 American ****** Society. |
| 13/6/2024 to 18/6/2024 19/6/2024 20/6/2024 | JL5 JL229 | 2024 American ****** Society Congress From New York City to Kansai International Airport via Haneda | Please refer to the next page before you fill out the "Itinerary and Destination". |
| Emergency Contact while Traveling | | Tel :090-****- E-mail :*****@gmail.com | |
| Emergency Contact in Japan during Travel | | Name : Ann Williams Address : **-* Sannomiyacho, Kobe Tel : 090-***- | (Relationship : Elder sister) e Chuo-ku, Hyogo 650-0021 Japan |
| Embassy of Your Country Closest to the Destination | | Embassy Name : British Consulate General New YorkTel : +1 212 745 0200E-mail :enquiry.net@newyork.mail.fco.gov.uk | |
| Passport No. ******* | | | |

I confirmed MOFA's "Overseas Travel Safety Information".

To back side of "IV Check Items for the Personal Information Protection Act at Travel Overseas"

IV Check Items for the Personal Information Protection Act at Travel Overseas

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

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

| Will you travel with any | ý | | |
|---|--|-------------------|----|
| technologies that are not sold of | 1 | | |
| the open market, intellectua | $1 \boxtimes No \square Yes ($ |) | |
| properties or devices includir laptops and USB drives? Will you transfer any biologic | If any answer is Yes, please contact the | Management Office | of |
| resources or biological sample from overseas, or carry any wit you to overseas? | $^{\rm S}$ No. \Box Ves (|) | Γ |

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

VI Pledge

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

Signature

John Williams

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

Regarding the itinerary in "III Itinerary and Destination"

- 1. You can also submit an itinerary prepared by travel n agencies instead.
- 2. Please add lines, if you cannot fill in your entire itinerary on the form.
- 3. Please fill in your entire itinerary. You can submit it in any format.
- 4. Please be sure to write the flight numbers to/from Japan. However, if you have not yet decided on your travel route within the destination countries, you do not need to write the flight numbers.

Please add lines, if you can't fill in the box.

Please be sure to check MOFA's "Overseas Travel Safety Information" before you travel.

| m | ment Office of Medical Research | | | | |
|---|---------------------------------|-------|--|--|--|
| Г | Manager | Staff | | | |
| Г | | | | | |
| L | | | | | |
| L | | | | | |

Example for Private Overseas Travel

Ver2.2(2024.4.1) Submit to Student Affairs Division Submission Date: 12/4/2024

To: the President of Shiga University of Medical Science

Please submit at least one month before you

| School Year | 3 |
|-------------|---|
| | |

Student ID

Name Guo Xiaoping

OVERSEAS TRAVEL CHECK SHEET (For Students)

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.

I Destination, Duration, and Purpose of Travel

| Transit and Destination (Country or Region) | People's Republic of China | | |
|--|------------------------------------|--|--|
| Duration | From 30 | From 30/4/2024 to 3/5/2024 | |
| Purpose of Travel | Travel by University Program | □ Academic Conference () □ Study Abroad and Exchange □ On-campus Program () □ Others() To "II Travel by University Program" | |
| 1 | Private Overseas Travel | □ Leisure ⊠ Temporary Return to Home Country □ Others () To "III Itinerary and Destination" | |

II Travel by University Program

| Supervisor | |
|--|---|
| Source of Expenses | Travel Expenses : Own Expense Covered by University Others () Daily Allowances and Accommodation Fees : Own Expense Covered by University Others () |
| Have you signed up for the Insurance of "Futai Kaigaku"? | □ Yes □ No (Scheduled Contract Date : /) |

*You must purchase travel insurance before travel.

III Itinerary and Destination

| Itinerary: (separate attachment accepted) | | | | |
|---|------------------|---|--|--|
| Duration | Flight Number | Name of Institution | Purpose | |
| 30/4/2024 | JL220 | Kansai International Airport to Shanghai Pudong International | Temporary return to home country. | |
| | Undecided | Airport From Shanghai to Guanzhou by train | Please refer to the next page before you fill out the "Itinerary and Destination". | |
| 2/5/2024 | Undecided | From Guanzhou to Shanghai by train | | |
| 3/5/2024 | JL5 | Pudong International Airport to Kansai International Airport | | |
| Emergency Contact while Traveling | | Tel :090-****- E-mail : | *****@gmail.com | |
| Emergency Contact in Japan during Travel | | | (Relationship : Elder sister) e Chuo-ku, Hyogo 650-0021 Japan | |

| Embassy of Your Country Closest to the Destination | Embassy Name : Tel : + E-mail : |
|---|------------------------------------|
| Passport No. | ***** |
| | |

I confirmed MOFA's "Overseas Travel Safety Information".

To back side of "IV Check Items for the Personal Information Protection Act at Travel Overseas"

IV Check Items for the Personal Information Protection Act at Travel Overseas

☑ I recognize that personal information is valuable and I pay close attention to the handling personal information at most care.

 \boxtimes I do not acquire personal information by a deception or other wrongful means.

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

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

| Will you travel with any technologies that are not sold on | | | |
|--|--|-------------------|------|
| the open market, intellectual | \boxtimes No \square Yes (|) | |
| properties or devices including laptops and USB drives? Will you transfer any biological | If any answer is "Yes", please contact the Medical Research immediately. | Management Office | ə of |
| resources or biological samples from overseas, or carry any with you to overseas? | ⊠ No □ Yes (|) | |

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

VI Pledge

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

Signature

Guo Kiaopina

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

Regarding the itinerary in "III Itinerary and Destination"

- 1. You can also submit an itinerary prepared by travel agencies instead.
- 2. Please add lines, if you cannot fill in your entire itinerary on the form.
- 3. Please fill in your entire itinerary. You can submit it in any format.
- 4. Please be sure to write the flight numbers to/from Japan. However, if you have not yet decided on your travel route within the destination countries, you do not need to write the flight numbers.

Please add lines, if you can't fill in the box.

Please be sure to check MOFA's "Overseas Travel Safety Information" before you travel.

| ment Office of Medical Research | | |
|---------------------------------|---------|-------|
| | Manager | Staff |
| | | |
| | | |
| | | |