UTEC Young Researchers’ Challenge Support Program Visiting Plan

Submitted: / /

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| １．Name | English (Passport) |  | | | | | | | |
| Japanese (Katakana) |  | | | | | | | |
| ２．Basic Info. | Date of Birth |  | | Sex |  | | Nationality | |  |
| ３．Contact | Email address, enable to contact during traveling | | | Phone number, enable to contact during traveling | | | | | |
| Address 〒 | | | | | | | | |
| ４．Affiliation | Department |  | | | | | | | |
| Name of Supervisor |  | | Major  （Student） | | | |  | |
| Grade / Status |  | | School ID  (Student) | | | |  | |
| ５．Visiting  Plan | Traveling Period | Departure Arrival  ～ | | | | | | | Duration  days |
| Name of Institute |  | | | | | | | |
| Address |  | | | | | | | |
| Attendant | Status |  | Name | |  | | | |
| Email Address |  | | | | | | | |
| ６．Emergency  Contact | Name |  | | Relationship | | | |  | |
| Telephone |  | | Email Address | | | |  | |
| ７．Travel  Insurance | Company |  | | Policy Number | | | |  | |
| Telephone # |  | | | | | | | |
| ８．Research  Title |  | | | | | | | | |
|  | | | | | | | | | |
| ５．Visiting Plan  (2) | Name of Institute |  | | | | | | | |
| Address |  | | | | | | | |
| Attendant | Status |  | Name | |  | | | |
| Email Address |  | | | | | | | |

９．Budget of the plan （estimate） ※UT Travel Expenses Regulation is attached (in Japanese)

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| 【Income】 |  | 【Expense】 |  |
| Items | Amount(¥) | Items | Amount(¥) |
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|  |  |  |  |
| Total |  | Total |  |

１０．Itinerary（Rough one should be fine. Add lines if it takes more than 14 days）

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| --- | --- | --- | --- | --- |
| # | M | D | Destination/The Place to Stay | What to do |
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| 17 |  |  |  |  |
| 21 |  |  |  |  |
| 22 |  |  |  |  |

１１．Research Purpose and Plan (It should be within One piece of A4. Changed parts from the application should be showed clearly with reasons)