2020.9改訂

Revised September 2020

**事前報告書/ Planning Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 報告年月日 Report Date | | | | | | | | | | | | | |  | | 年Year　　月Month　日Day | | | | | |
| 留学プログラム  Name of Study Abroad Program | |  | | | | | | | | | | | | | | | | | | | | | |
| 所属・学年  （本学）  Affiliation and Year of Study at Tokyo Tech | | 学院　School： | | | | | | | | | | 課程・学年 Degree Program・Year | | | | | | | | | | | |
| 系・コース Department and Major： | | | | | | | | | | | | | | | | | | | | | |
| 学籍番号  Student ID No. | |  | | | | | | | | | | 生年月日  Date of Birth | | | | 年Year 月Month 日Day | | | | | | | |
| 氏名  Name | | フリガナ  Katakana | | | |  | | | | | | |  | | | | | | | | | 性別  Gender | 男/女  M / F |
|  | | | | 姓  Last | | |  | | | | 名  First | | | | |  | | | |
| 国籍  Country of Citizenship | |  | | | | | | 滞在許可等  ※外国人留学生のみ  Residence Permission in Japan | | | | | | | | | 滞在許可：  Residence Permit in Japan | | | | | | 有 / 無  Yes / No |
| 再入国許可：  Re-entry Permit in Japan | | | | | | 有 / 無  Yes /No |
| 指導教員等名  Name of Academic Supervisor, etc. | |  | | | | | | | | | (あなたとの関係 Relationship) 初年次担当主任(Chair of First-Year Studies)／アカデミック・アドバイザー(Academic Advisor)／指導教員(Academic Supervisor) | | | | | | | | | | | | |
| 留学先国  Country (Destination) | |  | | | | | | | | | | | | | | | | | | | | | |
| 留学先大学等  Host Univ. for Study Abroad | | 大学名Name | | | | | | | | | | | | | | | | | | | | | |
| 専攻等Department | | | | |  | | | | | | | | | | | 身分  Your Status | | |  | | |
| 留学／休学期間  ※｢留学／休学願｣で  届け出た期間  Period of Study Abroad or Leave of Absence | | 20 年Year 月Month 日Day | | | | | | | | | | | | | ～ | | | 20 年Year 月Month 日Day | | | | | |
| 教務課で手続きを行いましたか。  Have you completed the procedures required by the Student Division? | | | | | | | | | | | | | | | | | | | はい / いいえ  Yes / No | | |
| 留学と休学のどちらを選択しましたか。  Did you choose [Study Abroad] or [Leave of Absence]? | | | | | | | | | | | | 留学 /休学（大学の認める海外渡航）  [Study Abroad] / [Leave of Absence (University permission to travel abroad)] | | | | | | | | | |
| 渡航のスケジュール  ※実際の出国、帰国の日程及びその間の予定  Planned Dates of Departure from and Return to Japan | | 出国  Departure | | | | 20 年Year 月Month 日Day | | | | | | | | | | | | | | （便名：  Flight　No ) | |  | |
| 帰国  Return to Japan | | | | 20 年Year 月Month 日Day | | | | | | | | | | | | | | （便名：  Flight　No ) | |  | |
| 留学中の一時帰国、他国への旅行計画がある場合の期間および渡航先  ※If you plan to travel to another country or return home during your study abroad period, please indicate your intended destination(s) and dates of travel. | | | | | | | | | | | | | | | | | | | | | |
| 留学先大学  ｵﾘｴﾝﾃｰｼｮﾝ  Date of Orientation at Host University | | 20 年Year 月Month 日Day | | | | | | | | | | | | | | | | | | ※左記は語学留学や派遣交換留学等、留学先大学の学事暦に基づいて留学する場合のみ記入  If participating in a language study program, etc. prior to your study abroad program, include that period in the dates you enter on the left | | | |
| 留学先大学  授業開始日  Date of Start of Semester | | 20 年Year 月Month 日Day | | | | | | | | | | | | | | | | | |
| 留学先大学授業・試験終了日  Date of Conclusion of Semester | | 20 年Year 月Month 日Day | | | | | | | | | | | | | | | | | |
| 連絡先Contact Information | | | | | | | | | | | | | | | | | | | | | | | |
|  | 留学先受入研究室　※未定または研究室所属しない場合は記入不要  Lab or Person in Charge of your Stay　※Fill this out if you will conduct research at the host university. | | | | | | | | | | | | | | | | | | | | | | |
| 教員名　Supervisor： | |  | | | | | | | | | | | | | | | | | | | | |
| 役職 Title： | |  | | | | | | | | | | | | | | | | | | | | |
| 専攻等 Department： | |  | | | | | | | | | | | | | | | | | | | | |
| 住所 Address： | |  | | | | | | | | | | | | | | | | | | | | |
| TEL： | |  | | | | | | | | | | | | | | | | | | | | |
| Eメール Email： | |  | | | | | | | | | | | | | | | | | | | | |
| 留学先における滞在先（寮・アパート等）※未定、変更の場合、決まり次第連絡すること。  Your address at your study abroad destination (*If your address is to be determined, notify us when it is decided. Please also notify us of any change in address.)* | | | | | | | | | | | | | | | | | | | | | | |
| 住所 Address： | | |  | | | | | | | | | | | | | | | | | | | |
| 種別  Type of Residence： | | | 大学寮/アパート/シェアハウス/ホームステイ/その他 ( )  Host University Dormitory / Apartment / Share House / Home Stay /  Other ( ) | | | | | | | | | | | | | | | | | | | |
| 留学先における本人連絡先　Emergency Contact in Host Country | | | | | | | | | | | | | | | | | | | | | | |
| TEL： | | |  | | | | | | | | | | | | | | | | | | | |
| Eメール Email： | | |  | | | | | | | | | | | | | | | | | | | |
| ※現地到着後に携帯電話番号を入手する場合、入手後に連絡すること。  If you obtain a mobile phone after you arrive at your destination, please notify us of the number then. | | | | | | | | | | | | | | | | | | | | | | |
| 留学先における最寄りの自国大使館・領事館  Nearest Embassy or Consulate of your Home Country in the Host Country | | | | | | | | | | | | | | | | | | | | | | |
| 名称 Name： | | |  | | | | | | | | | | | | | | | | | | | |
| TEL Phone： | | |  | | | | | | | | | | | | | | | | | | | |
| 日本国内の緊急連絡先 ※Emergency Contact in Japan | | | | | | | | | | | | | | | | | | | | | | |
| 氏名　Name： | | |  | | | | | | | | | | | | | | | | | | | |
| 住所　Address： | | |  | | | | | | | | | | | | | | | | | | | |
| TEL： | | |  | | | | | | | | | | | | | | | | | | | |
| Eメール　Email： | | |  | | | | | | | | | | | | | | | | | | | |
| あなたとの関係Relationship： | | |  | | | | | | | | | | | | | | | | | | | |
| 留学中に受給予定の奨学金（種類・期間・金額）  ※全ての奨学金を記入  Sources of scholarships you will receive during study abroad  (type・period・amount)  ※Indicate all scholarships | | 名称 Name: | | |  | | | | | | | | | | | | | | | | | | |
| 種別　Type: | | | 給付　/　貸与  Grant / Loan | | | | | | | | | 期間　Period: | | | | | | 20 年Year 　月Month~　 20 年Year　 月Month | | | |
| 月額／一括  Monthly Amount / Lump Sum | | | | | | | | 円Yen | | | | | | | | | | | | | |
| 名称 Name: | | |  | | | | | | | | | | | | | | | | | | |
| 種別　Type: | | | 給与　/　貸与  Grant / Loan | | | | | | | | | 期間　Period: | | | | | | 20 年Year 　月Month~　 20 年Year　 月Month | | | |
| 月額／一括  Monthly Amount / Lump Sum | | | | | | | | 円Yen | | | | | | | | | | | | | |
| ビザ・滞在許可  Visa・Residency Permission at Study Abroad Destination | | 取得済／申請中／申請予定（日本出発前）／申請予定（現地到着後）／不要  Obtained　/　Have applied　/　Plan to apply before leaving Japan 　/ Plan to apply upon arrival at destination /　Not necessary | | | | | | | | | | | | | | | | | | | | | |
| 種類　Type of Visa/Residence Permit: | | | | | | | | | | | | | | | | | |  | | | |
| 申請先Authority to which application was (is to be) submitted: | | | | | | | | | | | | | | | | | |  | | | |
| 申請日Date of Application | | | | | | | | | | 年Year　　　　月Month　　　日Day | | | | | | | | | | | |
| パスポート　Passport | | 旅券番号　Number: | | | | | | | | | | | |  | | | | | | | | | |
| 氏名（パスポート表記）  Name (as printed in passport): | | | | | | | | | | | |  | | | | | | | | | |
| 有効期限 Valid until: | | | | | | | | | | | | 年Year　　月Month　　日Day | | | | | | | | | |
| 海外旅行保険  Overseas Travel Insurance | | 保険会社名  Insurance Company Name: | | | | | | | | | | AIG損害保険 AIG General Insurance Company Ltd. ／  その他 Other（　　　　　　　　　　　　　　） | | | | | | | | | | | |
| 被保険者証番号 Policy Number: | | | | | | | | | | | | | | | | |  | | | | |
| 加入プラン　Plan Type: | | | | | | | | | | | | | | | | |  | | | | |
| 保険会社連絡先（電話番号）  Insurance Company (Organization) Contact Tel: | | | | | | | | | | | | | | | | |  | | | | |
| 保険期間Coverage Period: 20　年 月 日～20　年　月　　日Year Month Day Year Month Day | | | | | | | | | | | | | | | | |  | | | | |
| 保険料（加入にかかった金額）  Insurance Premium (Amount paid for the policy): | | | | | | | | | | | | | | | | |  | | | | |
| 本学の指定する補償内容を満たしていますか。  （治療・救援：3000万円以上、損害賠償：1億円以上）  Does it provide or exceed the amount of coverage stipulated by Tokyo Tech (Medical & Rescuer's Expenses: more than JPY30 million; Liability coverage : more than JPY 100 million)? | | | | | | | | | | | | | | | | | はい　/　いいえ  Yes　/ No | | | | |
| 予防接種Vaccinations※ | | 要（病気名　　　　　　　　　　　　　　　　　　　　　）　/　　不要  Required (Vaccine: 　　　　　　　　 ) / Not Required | | | | | | | | | | | | | | | | | | | | | |
| 血液型Blood Type | |  | | | | | | | | | | | | | | | | |  | | | | |
| 既往症歴（アレルギー・精神疾患を含む）  Medical　History (including allergies, physical and mental illnesses) | | 既往症歴Have you had or do you have any medical conditions: 　有　/　無， Yes / No  ※If yes, please indicate them below.  病名（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | |
| 現在の状況 Current Condition: | | | | | | | | | | | |  | | | | | | | | | |
| アレルギー　Allergies: 　有 /　無 （薬、食品等）  　 Yes / No (Allergen type: Medication / Food / Other)  ※有の場合は下記も記入すること。 If yes, indicate the specific allergens:  Allergens: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| その他特記事項  Other | | （連絡しておきたいことがある場合は，下記に記入してください  ※If there is anything you wish to let us know, indicate below: | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 添付資料  Attached Documents | | □　海外旅行保険の保険証書の写しCopy of overseas travel insurance policy | | | | | | | | | | | | | | | | | | | | | |
| □　誓約書　Letter of Commitment ※Attach only if you cannot submit this at the Orientation | | | | | | | | | | | | | | | | | | | | | |

**提出先：**プログラム担当部署（メール添付可）

**Submit this form to the administrative division in charge of your study abroad program (Sending via email is acceptable)**

※記入された情報は危機管理対応以外には利用いたしません。本学が必要と判断した場合には、関係者に限り提供する可能性があります。

※Information submitted in this document will not be used for any purpose other than risk management during an emergency. The information will not be shared with third-parties unless Tokyo Tech determines it necessary to share this information in response to an emergency.