**[様式3-1] SOKENDAI研究派遣プログラム　緊急連絡先**

**[FORM 3-1] SOKENDAI Student Dispatch Program EMERGENCY CONTACT**

DATE: Year 202\_\_ Month\_\_\_\_\_\_\_\_\_\_\_\_\_ Day\_\_\_\_

|  |  |
| --- | --- |
| 氏名NAME |  |
| 学籍番号STUDENT ID NO. |  | 博士課程DOCTORAL PROGRAM | \_\_\_\_\_\_\_\_\_\_\_年/YEAR |
| 所属コース(専攻)YOUR PROGRAM (DEPARTMENT) |  |  |

|  |  |
| --- | --- |
| 派遣先国DESTINATION COUNTRY |  |
| 機関名・受入先VISITING INSTITUTEor HOST |  |
| 所在地ADDRESS/COUNTRY |  |

|  |  |
| --- | --- |
| 渡航・派遣先滞在期間PERIOD OF STAY | Date of Departure:Date of Return:  |

|  |  |  |
| --- | --- | --- |
| 派遣先連絡先YOUR CONTACT INFORMATION during the program (Laboratory, etc.) | 住所　ADDRESS |  |
| TEL |  |
| EMAIL |  |
| 滞在先ACCOMODATION(Dormitory, etc.) | 住所　ADDRESS |  |
| TEL |  |
| EMAIL |  |
| 派遣先での緊急連絡先EMERGENCY CONTACTAT HOST INSTITUTION | 住所　ADDRESS |  |
| TEL |  |
| EMAIL |  |
| 氏名　NAME |  |
| あなたとの関係RELATIONSHIP WITH YOU |  |
| 日本国内での緊急連絡先EMERGENCY CONTACTIN JAPAN | 住所　ADDRESS |  |
| TEL |  |
| EMAIL |  |
| 氏名　NAME |  |
| あなたとの関係RELATIONSHIP WITH YOU |  |