**[様式2-1] 総研大短期派遣・長期インターンシッププログラム　緊急連絡先**

**[FORM 2-1] SOKENDAI Short-term Research Abroad & Long-term Internship Program EMERGENCY CONTACT**

DATE: Year 201\_\_ Month\_\_\_\_\_\_\_\_\_\_\_\_\_ Day\_\_\_\_

|  |  |
| --- | --- |
| 氏名NAME |  |
| 学籍番号STUDENT ID NO. |  | 博士課程DOCTORAL PROGRAM | \_\_\_\_\_\_\_\_\_\_\_年/YEAR |
| 研究科SCHOOL |  | 専攻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 |  |
| 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 |  |
| あなたとの関係RELATIONSHIP WITH YOU |  |