Internship Support Application (New / Extension)

Date (d/m/y):

To the Chair, CPNC Steering Committee

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| --- | --- | --- | --- |
| Name | |  | |
| Student No. | |  | |
| Date of Birth | | (d/m/y) | |
| Affiliation | Enrollment (m/y) | | |
| Graduate School: | | |
| Course: Master / Doctor | |  |
| Address | Post Code (〒 ) | | |
| Phone: ― ― | | |

I would like to apply as per below.

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| 1. Name of Host Organization:  Job Description:  (If applying for support extension, please describe extension content in addition to original job description.) | | | | |
| 2. Host Organization Address and Period  Host Address:  Scheduled Period (d/m/y):  From: To: ( work days) | | | | |
| 3. Work Schedule  (If applying for support extension, please describe extension content in addition to original job description.) | | | |
| Date (d/m/y) | Route | Venue | Details |
|  |  |  |  |
| 4. Applying Support For:  1. Travel only 2. Accommodation only 3. Travel and Accommodation  Name of Accommodation:    Accommodation Address: | | | |
| Total Expenses to be Paid by Applicant: JPY  NB: Please indicate “0” JPY if expenses are covered by host. | | | |