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 PeriodHost 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 AccommodationName of Accommodation: Accommodation Address:  |
| Total Expenses to be Paid by Applicant: JPY  NB: Please indicate “0” JPY if expenses are covered by host.  |