**大学院学生学会参加等学外研究願**

PETITION FOR GRADUATE STUDENT TRAVEL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 年Year |  | 月Month |  | 日Day |

松本歯科大学長 殿

To the President of Matsumoto Dental University,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申請者Applicant | 所属講座Department |  | 専攻分野Major field |  |
| 学籍番号Student ID No. | ID# | G | ふりがな |  | ㊞Signature |
| 氏名Name |  |
| 同行者Travel companion | 所属Department |  | 職位Position |  | 氏名Name |  |
| ※大学院生が単独で学会等に参加又は学外研究を行う場合、主指導教員による理由書を添付してください。In case of travel alone, attach a document from your academic advisor. |
| 用務Purpose |  |
| 目的地Destination |  |
| 連絡先Contact address |  |
| （TEL　　　　　　－　　　　　　－　　　　　　　　　） |
| 期間Term of travel | From |
|  | 年Year |  | 月Month |  | 日Day | 出発Depart |  |
| To |
|  | 年Year |  | 月Month |  | 日Day | 帰着Arrive | （ |  | 泊Nights |  | 日Days） |
| 学会参加等学外研究を必要とする理由※主指導教員記入欄 |  |
| 主指導教員Chief Academic Advisor |  | ㊞Signature |
| 旅費区分※いずれかに○をつけるType of travel expenses※Circle the appropriate item | 1.科学研究費 / Grant-in-aid scientific research

|  |  |
| --- | --- |
| 研究種目Category |  |
| 研究課題番号Research title No. |  |
| 研究代表者Main researcher |  | ㊞Signature |

2.受託研究費 / Money placed in trust for corporate organization

|  |  |  |
| --- | --- | --- |
| 委託者Client |  | ㊞Signature |

3.大学院研究費 / Graduate research expenses

|  |  |  |
| --- | --- | --- |
| 主指導教員Chief Academic Advisor |  | ㊞Signature |

4.私費 / Own expenses |
| 備考Note |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 事務局長 |  | 総　務 |  |  |  |  | 研究科長 | 所属長 | 受　付 |
|  |  |  |  |  |  |  |  |  |  |