

Internship / Short-Term Training Report

You should make reports containing information on every institute visited, every purpose, and every period of visit. Please have department head or responsible person verify your report by signature or seal. Make 2 papers in both cases of the example 1 and the example 2.

Date **Dec 10, 2013**

Submit within 1 month after visit.

Institute Name Laboratory Institute Corp.

Name: **Haruna Myogi** Seal

I hereby submit **(Internship/Short-Term Training)** Report for the Cultivating Global Leaders in Heavy Ion Therapeutics and Engineering Program as follows:

Particulars

Purpose of Visit	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>For Internship																
Host Institute	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laboratory <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Research Institute <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corporation																
Period	From	Year	2013	Month	11	Day	1	To	Year	2013	Month	11	Day	8	Total	8	days
OUTCOME Describe concretely the outcome and question. * Paste one photo or more of yourself during work time.	Paste one photo or more with a short caption.																
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; color: red;">PHOTO (The experiment, practical training scene and discussion, etc.)</p> </div>																
COMMENTS FROM THE RESPONSIBLE PERSON OF THE HOST INSTITUTE Student should receive the comments about the outcome from department head or responsible person, and the signature or seal.	<input type="radio"/> <input type="radio"/> <input type="radio"/> Affiliation/Job Title (Department Head or Responsible Person) Chief Researcher, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laboratory <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Institute <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corp. Signature Momiji Akagi Seal																

※Please fill in the affiliation, job title and signature of department head or responsible person in the appropriate columns.