

# 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

<b>Purpose of Visit</b>	○○○○○.....For Internship								
<b>Host Institute</b>	<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								
<b>Period</b>	From	Year	Month	Day	To	Year	Month	Day	Total
		2013	11	1		2013	11	15	15 days
<b>OUTCOME</b> Describe concretely the outcome and question.  * Paste one photo or more of yourself during work time.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     Paste one photo or more with a short caption.                 </div> <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; color: red;"><b>PHOTO</b> (The experiment, practical training scene and discussion, etc.)</p> </div>								
<b>COMMENTS FROM THE RESPONSIBLE PERSON OF THE HOST INSTITUTE</b> Student should receive the comments about the outcome from department head or responsible person, and the signature or seal.	○○○.....								
	Affiliation/Job Title (Department Head or Responsible Person)								
	Manager, <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 <b>Momiji Akagi</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Seal</span>			

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