

Internship/Short-Term Training Implementation Plan Form

Date _____

To Program Director

Academic Adviser _____ Seal _____
(Professor)

Student ID Number _____ Name _____ Seal _____

Emergency Contact Number _____

I hereby submit the (Internship/Short-Term Training) Implementation (Plan/Plan Change) Form for the Cultivating Global Leaders in Heavy Ion Radiotherapy, Science and Technology Program as follows:

Particulars

Period From _____ To _____ (Total Days)
Year Month Day Year Month Day

Purpose of Visit _____

Host Institute _____

Period	Place of Departure	Place of Arrival	Place to Stay	Institute	Name of Person in Charge in Host Institute	Purpose	Methods of Transport
						Intern/Short	Public Vehicle Airplane
						Intern/Short	Public Vehicle Airplane
						Intern/Short	Public Vehicle Airplane
						Intern/Short	Public Vehicle Airplane
						Intern/Short	Public Vehicle Airplane
						Intern/Short	Public Vehicle Airplane

* In the column of Purpose, circle "Intern" (Internship) or "Short" (Short-Term Training).
 * In the column of Methods of Transport, circle "Public"(bus or train of public transportation), "Vehicle", or "Airplane", for the methods of transport to the institute.
 * In case of changing the plan, please add ● in the column of Period.