**List of Students who Completed Overseas Activities （CIE Form）**

Attach the boarding passes of applicable students to this form.

※if the program was supervised by two or more professors, this form may be submitted jointly.　　　　　　　　　　　　　　　　　　　　　　　**April 1st, 2017**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Program Leader(s) | 印  (Signature) | | Faculty Number | |  | |  |  |  |  |  |
| Leader’s Affiliated Department(s) |  | | Title | | | Professor, Assistant professor etc. | | | | | |
| Duration  ｙｙｙｙ/mm/dd | ＿＿＿/＿＿/＿＿　　～　　＿＿＿/＿＿/＿＿ | | | | | | | | | | |
| Location  (Country or Region) |  | Overseas Partner Institution | |  | | | | | | | |
| Overseas Program | □Seminar　（□Overseas Program Receiving Financial Support from the International Division）　　□Class　　□Research　　□Academic Conference  □その他： | | | | | | | | | | |

※I have confirmed that the students listed below participated in this program and completed all activities as planned **□Yes　/□No （Please Check One）**

※I have confirmed that the students below spent more than ￥20,000 in order to participate in this program

**□Yes　/□No （Please Check One）**

Note１）：If the student is receiving scholarship funds from another source besides this support system, please attach either a receipt from their lodging or their plane ticket, or else any other such receipts that document that the student spent more than 20,000 to this sheet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Student Number  **（8 digits）** | Student Name | Receipt of financial assistance aside from this support system　(see note 1) | Student’s Bank Account Registration  (Please draw a circle in the box below to indicate completion of registration) |
| 1 |  |  | Yes　・　No |  |
| 2 |  |  | Yes　・　No |  |
| 3 |  |  | Yes　・　No |  |
| 4 |  |  | Yes　・　No |  |
| 5 |  |  | Yes　・　No |  |
| 6 |  |  | Yes　・　No |  |
| 7 |  |  | Yes　・　No |  |
| 8 |  |  | Yes　・　No |  |
| 9 |  |  | Yes　・　No |  |
| 10 |  |  | Yes　・　No |  |

To the supervisor：＜Some points to keep in mind about filling in this document＞

１．This form can be filled out by hand or by word processor

２．Please submit this list along with the attached boarding passes of all students listed above to your affiliated school office

３．After Submission of this list along with attached boarding passes, affiliated offices should fill out a receipt of this submission and forward it to the CIE via internal mail.

Process of this List：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Leader |  | Affiliated School Office |  | CIE: (Ms. Iida) |
| →Submission of list along with boarding passes→ | Date・Signature | →Internal Mail→  ＊Please retain “confirmation of submission” receipt from each office | Date・Ｓｉｇｎａｔｕｒｅ |