Date: / /

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| **Course of application** | | | Domestic / Overseas Long-term / Short-term | | | | | | | | | | | | | |
| Student Name | | |  | | | | | | | | Graduate School |  | | | | |
| Approval of participation by supervisor  \* Include your supervisor in Cc when submitting your application | | | | | |  | | | | | | | | | | |
| Home (or Cell) Phone | | |  | | | | | Email | | | |  | | | | |
| Phone during the internship | | |  | | | | | Email during the internship | | | |  | | | | |
| **Sponsoring organization** | | | | | | | | | | | | | | | | |
| Name of organization | | |  | | | | | | | | | | | | | |
| Department | | |  | | | | Address of organization  ( Prefecture and city) | | | | | |  | | | |
| Name of person in charge | | |  | | | | | Informal consent of acceptance | | | | Obtained / NOT obtained | | | | |
| Total period of internship  (Including pre/post activities） | | | **From / / to / / (Total days)** | | | | | | | | | | | | | |
| Actual internship Period | | | **Starting from / / 　 　to 　　 / / (Total days)** | | | | | | | | | | | | | |
| If the participation period includes online work, the period and its setting policy | | | \* Please delete this balloon  e.g: All day online (no change of residence)  e.g: Work one day a week on Friday, four days online (commute from home only on work days)  e.g: About 50% of the period will be online (consult with the manager depending on the progress of work / stay at the local hotel during the period) | | | | | | | | | | | | | |
| If you plan not to go to work out of official work days.  （※1） | | | From / / to / /  Reason: | | | | | | | | | | | | | |
| Is there any financial support from the organization?（※2） | | | Travel Expense ( Yes / No ) 　 Accommodation ( Yes / No )  Daily allowance ( Yes / No )　 Salary ( Yes / No ) | | | | | | | | | | | | | |
| Estimated total amount of application （Just a plan is fine）(※3) | | | | | | | | | yen | | | | | | | |
| Student accident insurance （Certificate or payment proof of both insurance required, ※4）  Please ✔ in the insurance you have (bought). | | | | | | | | | | | | | | | | |
|  | Personal Accident Insurance for Students Pursuing Education and Research (Gakkensai) | | | | | | | | | | | | | | | |
|  | Liability Insurance for Students Pursuing Education and Research (Gakkenbai) | | | | | | | | | | | | | | | |
| Original source you found an internship | | HWIP / Graduate School / Supervisor /　Yourself /　Osaka University / Others | | | | | | | | | | | | | | |
| **In the case of Overseas Internship** | | | | | | | | | | | | | | | | |
| Are you applying for a visa? | | | Yes ／ No | | Type of visa | | |  | | | | Visa  fees | | |  | |
| If Yes → | |
| Which overseas insurance are  you going to apply? (※5) | | | \* JI ／ \*\* Other  (※6) | | \* Please chose your desired insurance type from the options below. | | | | | | | | | | | |
| JI Accident & Fire insurance | | |  | | | | | | | | | | | | | |
| \*\* In case you apply for other insurance, fill in the details | | | Company |  | | | | plan | |  | | | | Fees | |  |

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| **Theme** |  |
| **Purpose and overview**※300～500 letters  Describe based on the purpose of the subject.  When the period is divided into two, the reason should also be described. | |
|  | |
| **Contents of the internship training**※300～500 letters  It is not necessary to have fixed all. | |
|  | |
| **Plan and preliminary conditions**※300～500 letters  From the present condition to the end of the target period including the period of preparation / post-action activities | |
|  | |
| **Expected outcome**　※300～500 letters | |
|  | |

**※1** Please indicate if you take days off during the internship period for any reason (such as participation in a conference). If it is decided after arrival, please contact the HWIP office in each case.

**※2** If there are any requirements for your internship, attach them to the application form.

**※3** If you wish to pay in advance for travel expenses, make sure to apply 5 weeks prior to the desired date of transfer (10th or 25th of each month).

**※4** If the application is approved, submit a copy of the receipt or insurance policy as a certificate of student accident insurance.

**※5** In the case of overseas, enrollment in an overseas travel accident insurance policy designated by the Program (JI Accident & Fire insurance) is mandatory. The cost of enrollment in the insurance policy will be paid by the Program. Please make the payment in advance, we will refund you afterwards.

**※6** If there is an unavoidable reason, such as when the content of compensation is insufficient due to the US J-1 visa, etc., admission to other insurance is permitted, and the details of insurance coverage should be attached. The insurance fees will be paid by the Program. Please make the payment in advance, we will refund you afterwards.

**※** If changes occur after submission of the application, contact the HWIP office promptly with the reason.

**※** Do not change the format of this application. Do not use any chart.  
**※** If there are two internship destinations, submit one more paper with the reason.

**※** Please submit the application form to the HWIP office 3 weeks before the start of your internship period.