Form 1

Program Coordinators:

**Corporate Internship Application for Program Students**

**Applicant**

Name of Affiliated Graduate School/Major/Laboratory

LP-ID Name.

E-mail:　　　　　　　　　　　　　　 Supervisor

**Internship topic: (Descriptive title for educational/research topic)**

**Internship period:**

Dates: / / to / / (YYYY/MM/DD) (60 days)

**Internship institution:**

 Host Faculty/Position:

 Name of Company:

 Address:

 Contact No.:

 E-mail:

**About the Internship** (may use the second page)**:**

1) Describe your current research project and explain how it relates to the nature of your internship at the host institution as well as the expected outcomes from the internship.

2) Describe any previous interactions with the institution at this point and the likelihood of acceptance. Additionally, attach any correspondence with the institution.

3) Describe the method of correspondence with the institution (E-mail, Skype, etc.) and the likelihood of securing lodging in the dormitories, housing, etc.

Notes:

* Discuss well with your faculty adviser during the application process.
* Obtain the Personal Accident Insurance for Students Pursuing Education and Research (PAS) prior to travel.
* In the event that an applicant cancels, please note that the applicant is responsible for various cancellation fees.
* This program is not liable for accidents such as injuries or illnesses that occur during the internship.

**The following items are required and needed to be attached to this application.**

1. Itinerary

2. Airfare

3. Estimation of accommodation