Form 2

Report on Short-Term Domestic Training Support

Date: / /

(YYYY/MM/DD)

Affiliated Graduate School:

Major:

Laboratory:

LP-ID

Name:

E-mail:

Supervisor Name:

Name of Training / Event:

Training Location:

Training Period: / / to / / (YYYY/MM/DD)

\*Free form. Please submit one page or more in A4-sized paper within one month. Photographs are recommended to be included in the report. Your supervisor’s approvals is required.

1. Introduction
2. Details
3. Summary

Insert pictures.