**International Core Research Center for Phototheranostics**

**Summer Internship Program 2020 Application Form**

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| Full name/Year | Surname：　　　　　　　　　　　　　　　First Name：　　　　　　　　　　　　　Year：  |
| Date of Birth |  |
| Sex / Nationality |  |
| Student ID |  |
| Expected graduation month and year |  |
| Home address |  |
| Lab. phone no. |  |
| Home phone no. |  |
| Mobile phone no. |  |
| Email address |  |
| Affiliation/Lab. |  |
| Supervisor/Phone/e-mail address |  |
| Desired visiting institution. |  |
| Desired visiting lab. |  |
| Research theme |  |
| Name of your medical insurance /Travel insurance |  |
| Emergency contact in Japan:: Name/Tel/Email |  |
| Please sign for agreement | ＊ During my stay, I will not cause damage to lab and lab members. I will buy a travel insurance by any possibility .during my stay.＊Intellectual property rights for the research I conducted during my stay is a right of the lab where I conducted research and its leader.＊The grant I receive from C2CNB partly support my summer internship and I will decline to receive the amount exceeded. |
| I prove the above is correct.＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　　　　　　　　　　　　　　　　　　　＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　　　　　Name　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Date＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　　　　　　　　　　　　　　　　　　　＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿Signature　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Supervisor Signature　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 |