Date of submission ： 　 (year)/　 (month)/ 　(day)

Report of Off-campus Training courses

Graduate School of Frontier Science Initiative

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| --- | --- | --- |
| Affiliation / Year | Student ID No. | Name |
| Graduate School of Frontier Science Initiative  Division of  Current Status year |  |  |

|  |  |
| --- | --- |
| Host institution |  |
| Address |  |
| Training period | (Y) (M) (D)　～ (Y) (M) (D) (　 　　　　 days） |
| Working day※Date of actual activity |  |
| Standard practice hours　per　day | ～ |
| 【Training Content】  ※Protecting confidential information, confirm the host institution in advance how much content you can describe.  ※Use bullet points and punch pictures to make it easy to understand. | |
|  | |
| 【Describe your goals that you set for in challenging Internship/Off-campus training etc, their achievements and your self-assessments】 | |
| 【Describe your Impressions of the training】 | |
| 【Make suggestions for future training and Advice for next students 】  ※We may publish in a form where the personal name is not specified. | |

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| I received a report about the above contents.  　　【Supervisor】  　　　　　　　　Name（Signature） |