Form 1

YYYY/MM/DD

Application for NIFS Internship Training

　To. NIFS Director-General

Address:

Organization:

Job Title/Name:　　　 　　　 (signature)

　I recommend for Internship Training as stated below.

（student name）

１　Purpose of the training

２　Content of the training

３　Preferred training term

From 　MM DD, YYYY　 to MM DD, YYYY

４　Preferred trainer

Affiliation:

Name:

５　Trainee

Name:

Age:

Current Status:

６　Contact information of a person in charge of affairs

Name:

Affiliation:

○ Attached Documents

１．Documents indicating trainee’s career (biographical outline or resume)

２．A copy of the document certifying that he/she has Personal Accident Insurance for Students Pursuing Education and Research, etc.

３．The Form, in the case where there is a document he/she desires to receive during or after the training.