

## Instructions for Filling out the 2024 Internship Acceptance Form

### 1. Columns in “2. Maximum Number of Internship Positions”

The numbers we ask you to accept are stated in the columns of Section 5 in the attached [Implementation Instructions for Internship Program]. Please enter the maximum number of internship positions for each.

### 2. Columns in “3. Conditions of Internship”

(1) **Accommodations:** In the case of Included, please specify whether they are your dormitories, or leased apartments in the Details column.

(2) **Payment for Accommodations:** In the case of Not Included, please enter the amount of money to be collected in the Details column.

(3) **Women’s Housing:** In the case of Included, please specify whether they are your dormitories, or leased apartments in the Details column.

(4) **Stipend:** In the case of Included, please enter the amount to be paid per day (month) in the Details column.

(5) **Insurance (Disaster, Injury, Etc.):** All of our students are insured, as stated in the attached [Implementation Instructions for Internship Program], by “Personal Accident Insurance for Students Pursuing Education and Research (PAS)” and “Liability Insurance for Students Pursuing Education and Research (LSR)”. Please write whether students will be insured in addition to them.

(6) **Use of Institution’s Clinic:** If you can introduce industrial physicians, please write that point down in the Details column.

### 3. Columns in “4. Person in Charge of Internship Program”

**Address:** Please write only when the address differs from the address written in Section 1.

### 4. Columns in “6. What Students should Bring with Them (If Applicable)”

If there is something particular that students must bring with them to participate in the internship, then please write it down.

### 5. Columns in “7. About the Internship Site”

(1) For a case in which there are three or more sites of internship, please copy only this page and submit it altogether.

(2) **Supervisor:** Please write about the person who is in charge of the site of internship. Please make sure to write the position and name.

(3) **Number of Possible Positions:** You can enter the number for Department instead of Department.

(4) **Person in Charge:** Please write only when the person differs from the Person in Charge of Internship Program in Section 4.

(5) **Accommodations, Women’s Housing, and Meals:** Please circle one for each even when they are the same as in Section 3.

(6) **Address to Send Luggage, Furniture, Etc.:** For the case in which the address is the same as the Address of Accommodations, please write it as shown above.

(7) With regard to the parts that you cannot fill in because they have not been decided by the submission date, you can inform us later. Please include that in “Undecided”.