様式１号（学校法人埼玉医科大学実習生受入規程 第３条関係）

Date:

Saitama Medical University International Medical Center
To the Director of Saitama Medical University International Medical Center

Name of Institution 養成機関等の名称:
Representative 代表者名:

Internship Application Form
実 習 生 受 入 申 込 書

The request for interns is as follows:

1. Internship Contents 実習内容

2. Period of Internship 実習期間
   From: To:
   For ( ) day(s)

3. Total Number of Interns 実習生数
   The Total Number of Interns: ( )
   The Number of Males: ( ) The Number of Females: ( )

NOTE: The details of the above items can be attached as a separate sheet.
If the application is approved, the contract will be executed. to this application form.

For Hospital Use Only 病院使用欄

病院長	事務部長	総務次長	受入所属長