yyyy/mm/dd

To the Dean of GSAIS

Applicant’s Name

Application for in-person Extracurricular Activity

I will apply for holding an in-person extracurricular activity as follows. I will take all possible measures to prevent the spread of infection by strictly following the prevention measures issued by the University Disaster Response Task Force and GSAIS Daily Action Guidelines when engaging in the activity.

|  |  |
| --- | --- |
| Type of Activity | Work、Lesson、Dining、Travel、Meeting、Other（　　　　　　） |
| Place |  |
| Period | From 　　mm/dd　　To　　mm/dd　（Time 　:　　～　　:　　） |
| Frequency | ( ) time(s) a week ・　( ) time(s) a monthOne-time Activity  |
| Content of the Activity |  |
| Number of Participants（　　　　）People※Fill in the approximate number of people who will meet in person. Write names of participants from GSAIS in the right column if any. | Names of Participants（Position） |

※Submit to：gsais-kikikanri@mail2.adm.kyoto-u.ac.jp

Subject：【Request for Extracurricular Activity】Applicant’s Name