

Request for Permission to Travel

Date (YY/MM/DD)

To the Dean of

Student ID : _____

Name : _____

Travel Destination : _____

I carefully consulted with my academic advisor and mentor about the research plan in advance. (Name of your academic advisor: _____) When making a plan, we made sure to consider the risk of myself becoming a close contact of a case of coronavirus or a person subject to take a PCR test, which forces me to suspend my research activity. Also, I intend to follow instructions of precautionary measures while traveling and report to my faculty when I test positive for the coronavirus, become a close contact of a case of corona, or become a person subject to take a PCR test. After considering all the risks, I would like to request for permission to travel to a restricted city.

Reason for Travel : _____

Period : (YY/MM/DD) From _____ to _____

Travel Destination : _____

COVID-19 Vaccination:

* 1st dose: DD / MM / YYYY → / /
* 2nd dose: DD / MM / YYYY → / /

Please write down the purpose, place, date and time of your business.

※Documents to prove your purpose and dates of travel need to be attached.

(Ex: email, Admission ticket for exam, hospital receipts.)

※Traveling for non-essential reason will not be allowed. However, if you are visiting restricted cities as a transit, you do not need to apply for a permission.