

## 2020 APPLICATION FORM

### For International Collaborative Research with IPR, Osaka University

#### (1) APPLICANT

Family Name				Given Name(s)		
Nationality				Country of Residency		
Degree						
Date of Birth	Day	Month	Year	Male/Female		
Affiliation						
Job Title						
Postal Address						
TEL						
FAX						
E-mail						

#### (2) Accompanying Researchers

**\*When researchers other than the applicant will also come to IPR, provide their information below .**

##### Accompanying researcher 1

Family Name				Given Name(s)		
Nationality				Country of Residency		
Degree						
Date of Birth	Day	Month	Year	Male/Female		
Affiliation						
Job Title						
Postal Address						
TEL						
FAX						
E-mail						

**Accompanying researcher 2**

Family Name		Given Name(s)	
Nationality		Country of Residency	
Degree			
Date of Birth	Day	Month	Year
		Male/Female	
Affiliation			
Job Title			
Postal Address			
TEL			
FAX			
E-mail			

**Accompanying researcher 3**

Family Name		Given Name(s)	
Nationality		Country of Residency	
Degree			
Date of Birth	Day	Month	Year
		Male/Female	
Affiliation			
Job Title			
Postal Address			
TEL			
FAX			
E-mail			

**\*Delete/add columns depending on the number of accompanying researchers.**

### (3) Period

Proposed Date of Arrival at IPR	Day	Month	Year
Proposed Date of Departure from IPR	Day	Month	Year
Duration	days		

**(4) Research Title**

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**(5) Continuation**

\*If this is a continuation of your research application that had been awarded before, please check here ( ) and provide information below.

<p><b>The title of your previous research plan(s):</b></p>
<p><b>The period of your previous research:</b></p> <p>FY 20____ - FY 20____</p>

**(6) Research Plan** (no more than 2 pages)

<p><b>Background:</b></p> <p><b>Specific aims:</b></p> <p><b>Methods:</b></p> <p><b>Role(s) of the host researcher at IPR:</b></p> <p><b>Expected scientific outcome:</b></p>
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*Research plan (continued)*

**(7) Research Collaborator at IPR, Osaka University**

Host PI Professor			
Collaborator (title)			
Recommendation			
Signature			
Date	Day	Month	Year

**(8) Curriculum Vitae of Applicant** (Starting from the last education to the present affiliation)

**(9) Curriculum Vitae of Other Researchers** (Starting from the last education to the present affiliation)  
**Accompanying researcher 1**

\* Delete/add columns depending on the number of accompanying researchers.

**(10) List of publications relevant to the proposed research**

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\* Expand the column height when necessary.

**(11) The estimated costs for the travel expenses (coach class airfare) and accommodation fees.  
Please note that the amount of support will be determined based on the available fund.**

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\* e. g. Airfare 150,000JPY × 2 persons, Accommodation fees 10,000JPY × 2 persons × 3 nights, Total 360,000JPY etc.

**(12) Signatures**

**Applicant**

Signature	
Date	Day                      Month                      Year

**Director of your affiliated institution**

<p>I permit the applicant and other researcher(s) to apply for the collaborative research.</p> <p style="text-align: center;">Signature:</p>	
Name	
Title	
Date	Day                      Month                      Year

\*If you have any question, feel free to contact us at  
 Project Team of Joint Usage / Research Center, IPR, Osaka University  
 E-mail: tanpakuken-kyoten@office.osaka-u.ac.jp