*If your affiliated institution is changed, please submit this form.
*If you add the new member(s) to your research group, please submit this form.

Notice of Permit by Director
for the Research Proposal of International Collaborative Research
(Institute for Protein Research, Osaka University)

(1) Applicant (The reader of the research group)

Name:

Affiliation:

Present Title:

(2) Research Title

(3) Duration

(year) 20 / (month) / (day) - (year) 20 / (month) / (day)

(4) Research Collaborator (host PI) at IPR, Osaka University

****

I permit the following staff member (or student) of our institute to participate in the above research.

Name:_____

Present Title:_____

Signature:

Name:

Title:

Institute:

Date: