2018 APPLICATION FORMFor International Collaborative Research with IPR, Osaka University

(1) APPLICANT

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

(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						
Degree						
Date of Birth	Day	Month	Year		Male/Female	
Affiliation						
Job Title						
Postal Address						
TEL						
FAX						
E-mail						
Home Address						

Accompanying researcher 2

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

Accompanying researcher 3

1 7 8						
Family Name				Given Name(s)		
Nationality						
Degree						
Date of Birth	Day	Month	Year		Male/Female	
Affiliation						
Job Title						
Postal Address						
TEL						
FAX						
E-mail						
Home Address						

^{*}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
(5) Continuation
*If this is a continuation of your research application that had been awarded before, please check here () and
provide information below.
The title of your previous research plan(s):
The period of your previous research:
FY 20 FY 20
(6) Research Plan (no more than 2 pages)
Background:
Specific aims:
Methods:
Role(s) of the host researcher at IPR:
Expected scientific outcome:
-

Research plan (con	ntinued)			
(7) Research Col	laborator at IP	R, Osaka Universit	y	
Host PI (title)				
Collaborator (title)				
D 1.:				
Recommendation				
Signature				
Date	Day	Month	Year	

		lucation from Bachelor's	degree and Research)	
Curriculum Companying res	Vitae of Other Resear	rchers (Education from	n Bachelor's degree and R	esearch)

 $[\]boldsymbol{\ast}$ Delete/add columns depending on the number of accompanying researchers.

(10) List of publications relevant to the proposed research
* 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.
* e. g. Airfare 150,000JPY × 2 persons, Accommodation fees 10,000JPY × 2 persons × 3 nights, Total 360,000JPY etc.
etc.
etc. (12) Signatures
etc. (12) Signatures Applicant
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etc. (12) Signatures Applicant Signature Date Day Month Year
etc. (12) Signatures Applicant Signature Date Day Month Year Director of your affiliated institution
etc. (12) Signatures Applicant Signature Date Day Month Year Director of your affiliated institution
(12) Signatures Applicant Signature Date Day Month Year Director of your affiliated institution I permit the applicant and other researcher(s) to apply for the collaborative research.
(12) Signatures Applicant Signature Date Day Month Year Director of your affiliated institution I permit the applicant and other researcher(s) to apply for the collaborative research. Signature:

Project Team of Joint Usage / Research Center, IPR, Osaka University

E-mail: tanpakuken-kyoten@office.osaka-u.ac.jp

^{*}If you have any question, feel free to contact us at