\*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: