**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**

|  |
| --- |
|  |

**(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 (continued)* |

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

|  |  |
| --- | --- |
| Host PIProfessor |  |
| 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**

|  |
| --- |
|  |

**\* 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.**

**(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: |
| 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