

\*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

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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: