2025 APPLICATION FORM

For International Collaborative Research with IPR, Osaka University

) APPLICANT	Γ					
Family Name			Given Name(s)			
Nationality			Country of Residence			
Degree			Male/Female /Prefer not to answer			
Age group	□ ~35 □ 36~39 □ 40~					
Affiliation						
Job Title						
Postal Address						
E-mail						
Period Expected Date of A	rrival at IPR	Day	Month	Year		
		-				
Expected Date of D Duration	beparture from IFK	Day	Month days	Year		
ease note that	the amount of su	pport will b	e determined based o	n the available f	unds.	
etc.			ation fees 10,000JPY × 2 pc	ersons × 3 nights,	Total 360,000JPY	
•	llaborator at IPR	, Osaka Un	iversity			
Host PI Professor						
Collaborator (title)						
Recommendation						
Date	Day	Month	Year			

(5) 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 Residence
Degree		Male/Female /Prefer not to answer
Age group	□ ~35 □ 36~39 □ 40~	
Affiliation		
Job Title		
Postal Address		
E-mail		
Accompanying	researcher 2	
Family Name		Given Name(s)
Nationality		Country of Residence
Degree		Male/Female /Prefer not to answer
Age group	□ ~35 □ 36~39 □ 40~	
Affiliation		
Job Title		
Postal Address		
E-mail		
Accompanying	researcher 3	
Family Name		Given Name(s)
Nationality		Country of Residence
Degree		Male/Female /Prefer not to answer
Age group	□ ~35 □ 36~39 □ 40~	
Affiliation		
Job Title		
Postal Address		
E-mail		
Please provide	e information for the age group ar	nd gender sections above to help us gather statistics fo

reporting to the government. Please note that these sections do not impact the results in any way. Your cooperation is greatly appreciated. We will handle your entry as personal information with caution.

^{*}Delete/add columns depending on the number of accompanying researchers.

(6) Research Title
7) Continuation
\star () If this is a continuation of a previously awarded research proposal, please indicate by checking the
brackets below and providing detailed progress.
The title of your previous research plan(s):
The period of your previous research:
Research Plan (no more than 2 pages)
Background:
Specific aims:
Methods:
Role(s) of the host researcher at IPR:
Expected scientific outcome:
Expected scientific outcome.
Research plan (continued)

(9) Curriculum Vitae of Applicant (Starting from the last education to the present affiliation)						
(10) Curricul		Other Researchers	(Starting from the last	education to the present affiliation)		
* Delete/add	columns depend	ding on the number o	f accompanying res	earchers.		
(11) List of n	uhlications re	levant to the propo	sed research			
	ublications ic	icvant to the prope	Jscu research			
* Expand the	column height	when necessary.				
(12) Signatur	·es					
Applicant						
Signature						
Date	Day	Month	Year			
If the applica	nt is not a PI	, please ask your P	I to sign here.			
Signature						
Name						
Title						
Date	Day	Month	Year			
Director of	your affiliated	d institution				
I permit the	e applicant and	l other researcher(s)	to apply for the c	ollaborative research.		
		Signatu	ire:			
Name						
Title						
Date	Day	Month	Year			

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

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

^{*}If you have any questions, please feel free to contact us at: