2026 APPLICATION FORM

For International Collaborative Research with IPR, The University of Osaka

(1) APPLICAN	<u> </u>		G' N(-)			
Family Name			Given Name(s)			
Nationality			Country of Residence	e		
Degree			Male/Female /Prefer not to answer			
Age group	□ ~35 □ 36~3	†				
Affiliation						
Job Title						
Postal Address						
E-mail						
2) Period Expected Date of		Day	Month	Year		
ooperation is gi	eatly appreciated. wo	3 WIII nandie	your entry as personal	intormation with	caution.	
	CA decal of IDD	D	M- wile			
•	f Departure from IPR	-	Month	Year		
•	Departure nom n K	Day		i Cai		
Duration			days			
3) The estima	nted costs for the	travel expe	nses (coach class air	rfare) and acco	mmodation fees	
lease note tha	at the amount of su	pport will b	oe determined based	on the available	e funds.	
* e. g. Airfare	150.000.IPV × 2 perso	ns Accommod:	ation fees 10,000JPY × 2	nersons × 3 nights	s, Total 360,000JP	
etc.	150,000011 perso.	13, 11000000000	ation 1005 10,00001 1	persons o mg	, 101111 000,00002	
4) Research C	Collaborator at IPR	. The Unive	ersity of Osaka			
Host PI		<u>, </u>	· · · · ·			
Professor						
Collaborator (title	e)					

(5) Accompanying Researchers *When researchers other than the applicant will also come to IPR, provide their information below.

Accompanying	researcner 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	information for the age group a	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				
*() If this is a continuation of a previously awarded research proposal, please indicate by checking the				
brackets and providing detailed progress.				
The title of your previous research plan(s):				
The period of your previous research:				
8) Research Plan (no more than 2 pages)				
Background:				
Specific aims:				
Methods:				
Role(s) of the host researcher at IPR:				
Role(s) of the nost researcher at 11 K.				
Expected scientific outcome:				
Research plan (continued)				

(9) Curriculum Vitae of Applicant (Starting from the last education to the present affiliation)						
(10) Curricul	lum Vitae of C	Other Researchers	(Starting from the last educ	ation to the present affiliation)		
Accompanying				,		
* Delete/add	columns depend	ling on the number o	f accompanying researc	hers.		
(11) List of p	ublications re	levant to the propo	sed 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	l institution				
			to apply for the collab	porative research		
I permit the	o appirount and	other researcher(s)	to apply for the contact	volutive research.		
		Signatu	re:			
Name						
Title						
Date	Day	Month	Year			

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

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

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