**2024 APPLICATION FORM**

**For International Collaborative Research with IPR, Osaka University**

**(1) APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name(s) |  |
| Nationality |  | Country of Residence |  |
| Degree |  |
| Date of Birth | Day Month Year  | Male/Female |  |
| Affiliation |  |
| Job Title |  |
| Postal Address |  |
| E-mail |  |
| Phone |  |
| Fax |  |

**(2) Period**

|  |  |
| --- | --- |
| Expected Date of Arrival at IPR | Day Month Year  |
| Expected Date of Departure from IPR | Day Month Year  |
| Duration |  days |

**(3) 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 funds.**

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 **\* e. g. Airfare 150,000JPY × 2 persons, Accommodation fees 10,000JPY × 2 persons × 3 nights, Total 360,000JPY etc.**

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

|  |  |
| --- | --- |
| Host PIProfessor |  |
| 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 |  |
| Date of Birth | Day Month Year  | Male/Female |  |
| Affiliation |  |
| Job Title |  |
| Postal Address |  |
| E-mail |  |
| Phone |  |
| Fax |  |

**Accompanying researcher 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name(s) |  |
| Nationality |  | Country of Residence |  |
| Degree |  |
| Date of Birth | Day Month Year  | Male/Female |  |
| Affiliation |  |
| Job Title |  |
| Postal Address |  |
| E-mail |  |
| Phone |  |
| Fax |  |

**Accompanying researcher 3**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | Given Name(s) |  |
| Nationality |  | Country of Residence |  |
| Degree |  |
| Date of Birth | Day Month Year  | Male/Female |  |
| Affiliation |  |
| Job Title |  |
| Postal Address |  |
| E-mail |  |
| Phone |  |
| Fax |  |

**\*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 below 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**:**Expected scientific outcome**: |
| *Research plan (continued)* |

**(9) Curriculum Vitae of Applicant (Starting from the last education to the present affiliation)**

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| --- |
|  |

**(10) 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.**

**(11) List of publications relevant to the proposed research**

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| --- |
|  |

**\* Expand the column height when necessary.**

**(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 questions, please 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