**2026 APPLICATION FORM**

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

**(1) APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 and gender sections above to help us gather statistics for 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.**

**(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, The University of Osaka**

|  |  |
| --- | --- |
| Host PIProfessor |  |
| Collaborator (title) |  |

**(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 information for the age group and gender sections above to help us gather statistics for 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**

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| --- |
|  |

**(7) Continuation**

\*(　) If this is a continuation of a previously awarded research proposal, please indicate by checking the brackets and providing detailed progress.

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| --- |
| **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  |

**If the applicant is not a PI, please ask your PI to sign here.**

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Title |  |
| 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, The University of Osaka

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