No.

Collaborative Research Application Form

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| dd | mm | yyyy |

To the Director, Organization for the Strategic Coordination  
 of Research and Intellectual Properties (the “OSRI”), Meiji University

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| [APPLICANT] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signature  Print Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Title  Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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APPLICANT hereby submits the Collaborative Research Application to Meiji University  
as follows.

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| --- | --- | --- | --- |
| Research Title\* |  | | |
| Research Objectives and Description |  | | |
| Research Location(s) |  | | |
| Collaborative Research  Staff Members | APPLICANT |  | |
| Meiji  University\* | (Name, Title, and Department) | |
| Research Period\* | From \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_ | | |
| Research Expenses\* | YEN | | |
| APPLICANT’s Contact Details | (Name of Contact Person) | | (Department) |
| (Phone) | | (FAX) |
| (E-mail) | | |
| Others |  | | |

\*Please note that these items may be disclosed to the public for academic purposes or upon the government’s request.

(Approval Field)

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| Director,  the OSRI  （Approved） | General Manager, Research Promotion Division | Manager, (Ikuta) Research Promotion and Intellectual Property Office | Office Staff  in charge |
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