

No.

Collaborative Research Application Form

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

[APPLICANT] _____

Signature _____

Print Name _____

Title _____

Address _____

APPLICANT hereby submits the Collaborative Research Application to Meiji University as follows.

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)

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