Form 2

Date:

**Letter of Consent**

To Director, IMEG

Kumamoto University

Institute Name:

Address:

Name/Title:

Signature:

I hereby give my consent for the prospective Project Leader described below to apply for the IMEG Joint Usage/ Research Project FY2017.

1. Project Leader

　　　　　Title:

　　　　　Name:

1. Project Title:
2. Project Period: From DD/MM/YYYY to DD/MM/YYYY