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