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| Date |  |
| Number |  |

FORM 3

Travel Support

**Application Form for IMEG Travel Support Program FY2018**

**Kumamoto University**

National University Corporation Kumamoto University

TO: IMEG Director

Applicant

Affiliation

Job Title

Full Name

Contact Information

Phone Number

E-mail

I hereby apply for the Travel Support Program for the following collaborative research project.

※Please replace □ in 1, 5, & 7 with ■ for the appropriate item

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| --- | --- | --- |
| 1. Research Area | □ Developmental Regulation □ Stem Cell Research □ Organogenesis | |
| 2. Project Title |  | |
| 3. Project Period & Estimated Costs | From DD/MM/YYYY to DD/MM/YYYY  Travel Expenses: Total JPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Breakdown) Name : \_\_\_\_\_ nights, \_\_\_\_\_ times  Name : \_\_\_\_\_ nights, \_\_\_\_\_ times  Name : \_\_\_\_\_ nights, \_\_\_\_\_ times | |
| 4. Project Members | | |
| Researcher Name(s) | Affiliation, Job Title | Expected role in project |
|  |  |  |
| IMEG Researcher(s) | Affiliation, Job Title | Expected role in project |
|  |  |  |
| 5. Previous Support | Have you ever received any support from IMEG Joint Research Program?  □ Yes □ No If yes, what was the year of the project? Year:\_\_\_\_\_\_\_\_\_\_\_  Type of support: □ Research/Travel Support □ Travel Support | |
| 6. Purpose of this visit | | |
| Describe the purpose of the visit, and if applicable the use of common equipment. | | |
| 7. Additional support for equipment use. □ Necessary □ Not necessary  Equipment Used ( ) Number of analyses ( ) Estimated cost (JPY)\_\_\_\_\_\_\_\_\_  ※Up to 100,000 yen. (Maximum 200,000 yen for special circumstances)  Check one of the following:  □ I agree that costs will be within the support amount.  □ The IMEG host researcher will accept the burden of any costs exceeding the support amount. | | |
| 8. Reference Papers | | |
| List applicant’s papers related to the purpose of the visit, if any.  Include: Title, Journal Name, Volume, Page Numbers, Authors (underline the applicant & mark the corresponding author with a star [\*]). | | |
| 9. Questionnaire: How did you learn about this Travel Support Program of IMEG? (Multiple answers allowed)  1. IMEG website 2. Joint Research Support Poster 3. IMEG Faculty 4. Other ( ) | | |

Vertical size of cells may be adjusted but please keep the full application within 2 pages.