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| Date |  |
| Number |  |

International Joint Research Support

**Application Form for IMEG International Joint Research Program FY2020**

**Kumamoto University**

**［Visitors Program Type B］**

 National University Corporation Kumamoto University

 TO: IMEG Director

 Applicant

 Full Name

 Nationality

 Degree

 Job Title

 Applicant Organization

 Institute

 Address

 Contact Information

 Mailing Address

 Phone Number

 E-mail

I hereby apply for the International Joint Research Program for the following collaborative research project.

※Please replace □ in 3, 4, & 6 with ■ for the appropriate item

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| --- | --- |
| 1. Project Title |  |
| 2. Project Period |  From DD/MM/YYYY to DD/MM/YYYY |
| 3. Collaboration Type | □ [I-B] Visitors Program Type B (Other source covers international round-trip airfare) |
| 4. Estimated Costs |  Total JPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Additional support for equipment use (up to 100,000 yen):  □ Necessary □ Not necessary |
|  Travel Expenses |  JPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Up to 100,000 yen.)(Breakdown) Place of departure (city):Place of arrival (city):Duration of stay in IMEG: \_\_\_\_\_ daysName of visiting scientist:  |
|  Equipment Use / Consumables |  JPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Breakdown) Equipment use: JPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Consumables: JPY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Equipment Used ( ) Number of analyses ( ) Check one of the following: □ I certify that costs will be within the support amount. □ The IMEG host researcher will accept the burden of any costs for equipment use exceeding the support amount. |
| 5. Project Members |
| Researcher Name(s) | Affiliation, Job Title | Expected role in project |
|  |  |  |
| IMEG Researcher(s) | Affiliation, Job Title | Expected role in project |
|  |  |  |
| 6. 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 □International Joint Research Support |
| 7. Purpose of this visit |
| Describe the purpose of the visit and common equipment use if applicable. |
| 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 IMEG’s Travel Support Program? (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 3 pages.