

International Joint Research Support

Date	
Number	

**Application Form for IMEG International Joint Research Program FY2022
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

1. Project Title	
2. Project Period	From DD/MM/YYYY to DD/MM/YYYY
3. Collaboration Type	<input type="checkbox"/> [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): <input type="checkbox"/> Necessary <input type="checkbox"/> Not necessary
Travel Expenses	JPY _____ (Up to 100,000 yen.) (Breakdown) Place of departure (city): _____ Place of arrival (city): _____ Duration of stay in IMEG: _____ days Name of visiting scientist: _____

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.