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| Date |  |
| Number |  |

International Joint Research Support

**Application Form for IMEG International Joint Research Program FY2023**

**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: \_\_\_\_\_ days  Name 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.