

International Joint Research Support
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Date	
Number	

**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

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.