Form A

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| **2024 Joint Usage Collaborative Research Project Approval Application**  　　　　　　　　　　　　　　　　 Day /Month /Year  　 To: Director of the Tropical Biosphere Research Center(TBRC), University of the Ryukyus  　 Applicant  　Affiliation and Job Title:  　 Name: 　　 Signature:  　 Address:      　　　　　　　　　　　　　　 Tel: 　　 　　 Fax:  E-mail:  Please place a check mark next to the category which you wish to apply.  Collaborative Research (Category A-1)  Collaborative Research “Young Researchers” (Category A-2)  Collaborative Research “Female Researchers” (Category A-3)  Collaborative Research “Overseas Institute” (Category A-4) | |
| Research Subject |  |
| Place of Stay | Nishihara Station  Iriomote Station  Sesoko Station  Center of Molecular Biosciences  Others  □Others ( ) |
| Approval of Application by Supervisor (in the case of application by a graduate student) | As the supervisor of (name of applicant), I approve the application, and take responsibility for his/her activity in Tropical Biosphere Research Center.  Affiliation and Job Position:  Name of Supervisor: Signature:  E-mail: |
| Host Researcher in TBRC |  |
| Written Consent  　　I hereby consent to the application of the above person for Collaborative Research at the Tropical  Biosphere Research Center, University of the Ryukyus.  Day /Month /Year    Director of the Applicant’s Institute  　　　　　　 Name:　 　　　Signature: | |