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: |