

<b>Number</b>	
<b>Date Received</b>	

**APPLICATION FORM FOR INTERNATIONAL JOINT USAGE/RESEARCH  
PROGRAM AT MRI TMDU FY2023**

<b>1. Title of Project</b>	
<b>2. Project Purpose</b>	
<b>3. Form of Collaboration</b>	
*Choose one from the following forms	
a) Visiting MRI and conduct proposed project using our facilities b) Performing proposed project through host investigator using bio-resources deposited in MRI c) Performing proposed project through host investigator using database deposited in MRI as a limited use	
<b>4. Applicant Information</b>	
Name (Last, first, middle)	Nationality
Degree	Position Title
Applicant Organization Name	
Address	
Mailing Address (Street, city, state, zip code)	
Tel:	FAX:
E-Mail address:	
Applicant Signature	Date:

**5. Dates of proposed period of support (month, day, year)**

From July 1, 2023	Through March 31, 2024
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**6. Host investigator in MRI**

Signature	Date
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**7. Project members**

Name	Institution/Department	Position Title	Role

**8. Estimated Costs**

\*MRI will cover up to 500,000 JPY maximum

Supplies	JPY:	Details:
Travel Costs	JPY:	Details:

**9. Research Plan (Include current status of cooperation with MRI researchers and compliance with laws and regulations for recombinant DNA, experimental animals and human rights will be described.)**

**10. Expected results and significance of the joint research**

**11. Facilities to be used in MRI**