

[insert MONTH] [insert DATE], [insert YEAR]

## Application Form for Collaborative Research Project

Attn.: President,  
TOYOHASHI UNIVERSITY OF TECHNOLOGY,  
National University Corporation

	ZIP Code:	
Address		
Name	of	
Organization		
Name and Title		
of Principal		Seal
Signature		

I hereby apply for the Collaborative Research Project with TOYOHASHI UNIVERSITY OF TECHNOLOGY, National University Corporation, as described below in full compliance with the Agreement on Collaborative Research Project with private sector institutions or the like stipulated by TOYOHASHI UNIVERSITY OF TECHNOLOGY.

### NOTE

1. Theme of Collaborative Research
2. Goal(s) and Description of Collaborative Research
3. Research Period

From the Effective Date of the Agreement on Collaborative Research Project to  
[insert MONTH] [insert DATE], [insert YEAR]

#### 4. Research Location

(1) The University

(2) The private sector institution or the like (in the case of sharing type research)

#### 5. Burden of Research Funding

Research Funding for Collaborative Research at the Facilities of the University

Fiscal Year	Share in Expenses borne by Private Sector Institution or the like (including consumption tax and local consumption tax)			
	Direct Expense	Indirect Expense	Research Fee	Total
2013	JPY	JPY	JPY	JPY

NOTE: In case the collaborative research period is multi-year, describe for each fiscal year.

## 6. Researchers to Participate Collaborative Research

Party	Name	Organization and Title	Current Field of Expertise	Role under Collaborative Research Project
The Private Sector Institution or the like				
	*			
	#			
The University				

Note: Name of the collaborative researcher from private sector or the like (i.e., the collaborative researcher who is to engage in the collaborative research project at the University as the collaborative researcher from private sector or the like) shall be identified with “\*”, and name of the principal researcher shall be identified with “#”,

## 7. Facilities/Equipment

### (1) Equipment Furnishable to the University

Name of Equipment			
Type/Specification			
Quantity			
Installation Required?			
Remarks			

(2) Facilities/ Equipment at Private Sector Institution or the like

Name of Facility	Equipment		
	Name of Equipment	Specification	Quantity

8. Administrative Contact Information

Name of Contact  
Personnel

Name of Section

Address                      ZIP Code:

Tel.

Facsimile

E-mail

9. Miscellaneous

ATTCHMENT:            Biography of the collaborative researcher from private sector or the like  
(In case the collaborative researcher from private sector or the like is to engage in the collaborative research)

**Biography of Collaborative Researcher from Private Sector or the like**

Name of Researcher		Gender	Male/ Female
Date of Birth	[insert MONTH] [insert DATE], [insert YEAR] (Age:     )		
Present Address	ZIP Code:		
Educational Attainment	Month/ Year	Items	
Present Title	Organization		
	Name of Position		
	Research Subject		
Remarks			