

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

## Application Form for Collaborative Research Project

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

Address **ZIP Code:441-8580**  
**1-1, Hibarigaoka, Tempaku-cho,**  
**Toyohashi City, Aichi Prefecture, Japan**

Name of Organization **TUT Inc.**  
Name and Title of Principal **President**  
Signature

Seal

I hereby apply for the Collaborative Research Project of TOYOHASHI UNIVERSITY OF TECHNOLOGY in full compliance with the Agreement on Collaborative Research between TOYOHASHI UNIVERSITY OF TECHNOLOGY and other institutions or the like stipulated by TOYOHASHI UNIVERSITY OF TECHNOLOGY.

**Signature or seal with signatory authority is required.**

### NOTE

#### 1. Theme of Collaborative Research

Research on [ *insert THEME of COLLABORATIVE RESEARCH* ]

#### 2. Goal(s) and Description of Collaborative Research

**Describe an outline of goals and content of proposed collaborative research.**

#### 3. Research Period

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

**Multi-year agreement is available.**

4. Research Location  
 (1) The University

**TOYOHASHI UNIVERSITY OF TECHNOLOGY,  
 Faculty of [insert FACULTY ]**

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

**TUT Inc., Tempaku factory**

5. Burden of Research Funding  
 Research Funding for Collaborative

**Collaborative researcher who is to engage in the collaborative research at the University as "Collaborative Researcher from private sector or the like" is required to contribute the research fee below (per person):**  
**Short term (within six (6) months): JPY 210,000**  
**Long term (longer than six (6) months up to one (1) year): JPY 420,000**

Fiscal Year	Share in Expense (including)		Research Fee	Total
	Direct Expense	Indirect Expense		
<b>2012</b>	<b>JPY 1,818,182</b>	<b>JPY 181,818</b>	<b>JPY 0</b>	<b>JPY 1,000,000</b>

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

**10% of direct expense is to be contributed as indirect expense for an appropriation for environmental improvement of the entire University and expenses for the maintenance of IPRs.**

## 6. Researchers to Participate Collaborative Research

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

**Only collaborative researcher from private sector or the like engaging in the collaborative research project at the University shall be identified with “\*”.**

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

**Describe “N/A” if not applicable.**

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

**Describe the name of the person in charge of contract and administrative proceedings such as document transmittal.**

9. Miscellaneous

**No attachment is required if no “collaborative researcher from private sector or the like” is to engage in the collaborative research at the University.**

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			