【Confidentiality 2】

To the President of The University of Osaka

[Day] [Month], [Year]

[Address]

[Name of Institution]

[Post] and [Name]

**Change of Collaborative research application form**

We apply for change about the Collaborative research concluded on [date], after observing The University of Osaka contract research regulations as follows.

|  |  |
| --- | --- |
| 1 Research Title |  |
| 2 Reason for change |  |
| 3 Purpose and Details of Research | objectives：・Before change:・After change:contents：・Before change:・After change: |
| 4 Research Period | Before change:After change: |
| 5 Place for Performance of Research  | Before change:After change: |
| 6 Essential Research Expenses  |  | Before change | After change | Balance |
| Direct Expenses | JPY | JPY | JPY |
| Academic Contribution Fee | JPY | JPY | JPY |
| Research Fee relating to Private Collaborative Research Associates | JPY | JPY | JPY |
| Industry-academic Cooperation Promotion Cost | JPY | JPY | JPY |
| Total | JPY | JPY | JPY |
|  [ ]  | Check the left box if direct expense includes Research Participants’ salary. In this case, please fill out the separate PI Labor Cost Calculation Sheet and submit it along with this form.  |

|  |  |
| --- | --- |
| 7 Researcher in charge (Department,Position,and Name) | Before change:After change: |
| 8 Contact Person | Dep. Name：Mailing Address:Tel：E-mail： |
| 9 Signing Method |[ ]  Electronic Signature\*If your institution could pay charge for electronic signature of DocuSign or Adobe Acrobat Sign, we'll accept the e-signature system. Otherwise, we can't. |
|  |[ ]  Wet Signature (Sending the original contract by post) |
|  |[ ]  Wet Signature (Exchange of PDF data by e-mail) |
| 10 Signer of contract\*Not mandatory | Name of signer Title of signer  |
| 11 Others \* If any, |  |

大阪大学記入欄

|  |  |
| --- | --- |
| 部局承認(予定)年月日 |  |
| 部局連絡担当者 | 所属 |  | 氏名 |  | TEL | 吹田171 |  |
| 付随データの有無 | 契約書 |  | その他 |  |
| 契約管理番号 |  |
| 部局担当者自由記載欄 |  |