【Confidentiality 2】

 [Day] [Month], [Year]

To the President of The University of Osaka

 [Address]

[Name of Institution]

[Post] and [Name]

# **Collaborative Research Application Form**

We hereby submit the following application in accordance with The University of Osaka Collaborative Research Handling Regulations.

|  |  |
| --- | --- |
| 1. Title of Collaborative Research
 |  |
| 1. Purpose and Details of Research
 | Objectives:Contents (including role sharing): |
| 1. Research Period
 |  |
| 1. Place for Performance of Research
 |   |
| 1. Research Expenditure

(Consumption tax and local consumption tax included therein) | Direct Research Expenditure | Academic Contribution Fee | Research Fee relating to Private Collaborative Research Associates | Industry-academic Cooperation Promotion Cost | Total |
|  | JPY | JPY | JPY | JPY | JPY |
| 1. Research ParticipantsPrivate Collaborative

Research Associate(Dept., Title and Name)  | See attached Research Participants |
| 1. Contact Person
 | Dept.,Name：Mailing Address:Tel：E-mail： |
| 1. 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) |
| 1. Signer of contract

\*Not mandatory | Name of signer Title of signer  |
| 1. 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 |  | 理由書 |  | R | その他 |  |
| 部局担当者自由記載欄 |  |

[Research Participants]

Research Title:

Attached Table

|  |  |  |  |
| --- | --- | --- | --- |
| Classification | Name | Dept./Sect. & Title | Roll in Collaborative Research |
| The University of Osaka | ※ |  |  |
| \* |  |  |
| Private Company | ※ |  |  |
| ◎ |  |  |

 ※ mark in front of name indicates chief of research. ◎ mark indicates Private Collaborative Research Associates. (Research Associates, who is/are to be engaged in the Collaborative Research at The University of Osaka. Research Fee is needed.)

　“ \* ” mark in front of name indicates personnel whose salaries are included in the Research Expenditure. In this case, please fill out the separate PI Labor Cost Calculation Sheet and submit it along with this form.

Research Materials, Equipments and Facilities Provided;

|  |  |  |
| --- | --- | --- |
|  | The University | The Collaborator |
| Research Materials |  |  |
| Equipment and Facilities |  |  |