

Commissioned Research Application Form

DD/MM/YYYY

To [Name], Head of Department, Hirosaki University

Applicant Postal code:

Address:

Name (Name; name of representative)

[seal]

I apply for the commissioned research as described below in compliance with the Hirosaki University Commissioned Research Regulations.

Details

1. Research subject				
2. Purpose and description of research				
3. Desired research period	DD/MM/YYYY - DD/MM/YYYY			
4. Researchers *: Principal researchers	Classification	Name	Department / title	Role in this research
	Hirosaki University (Party A)	*		
5. Research site	Party A			
6. Equipment used at the facilities of Party A and equipment of Party B to be brought to Party A	Classification	Name	Specification	Quantity
	Party A			
	Party B			
7. Party B's contribution to the expenses for commissioned research	Classification	Direct expense	Indirect expense	Total
	Party B	yen (Including consumption tax and local consumption tax of	yen (Including consumption tax and local consumption tax of	yen (Including consumption tax and local consumption tax of

		yen)		
8. Term for payment of expenses	Within ○○ days from the day following the day on which the invoice is issued by the treasurer of Hirosaki University			
9. Special instructions				
10. Description of main business	Industry: / Capital: approx. ○○ / No. of employees: approx. ○○○ people			
11. Contact information (PIC)	Department: / Title: Name: TEL: / E-mail:			

I agree to the disclosure of the name of the applicant, research subject, name of principal researchers, the department they belong to, and their job titles at Hirosaki University outside the University.