Date:

Kwansei Gakuin University Institute for Industrial Research

Participation Consent Form for Joint Research

(For use by external institutions)

Affiliation, position, and name of Principal Investigator:

Dear Mr./Ms./Dr./Prof.

Name of Research Topic

　　　(Period of joint research　　　MM/DD/YYYY to MM/DD/YYYY)

　I agree to participate in the planned research and become a guest researcher at the above research institute with regard to the research topic mentioned above.

　　　　　　Institutional affiliation, department, position, and name of guestresearcher:

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Seal/Signature

　I agree that the above person who belongs to the institution that I represent may become a guest researcher at the institution indicated in the title.

　　Position, name, and official seal of the director of the guest researcher’s affiliated institution:

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　　\* The position, name, and official seal field for the President of the affiliated institution may be substituted with the position and name of the head of each institution, when the head of a department has been delegated authority regarding the consent form.