

Date Y M D

Agreement with Institute for Genetic Medicine,
Hokkaido University on the Joint Usage / Research

To Director, Institute for Genetic Medicine, Hokkaido University

Head of participant's affiliation
Name and Job title _____
Signature _____

I approve that our staff listed below will participate in the Joint Usage/Research of your institute.

Program (circle one): Special Joint Research Program, (the) General Joint Research Program, (or) Symposiums

Title of the Joint Research or Symposium :

Research period (or date of symposium) : Y M D ~ Y M D

Name	Affiliation (in full)	Job title (For graduate school students, academic year.)	Remarks

Notes

1. For a plural number of participants from one institute, enter all the names in one Agreement form.
2. A graduate student must have approval of his or her graduate school.
3. If necessary, add columns at your convenience.
4. Submit the Agreement after your application has been approved.
5. Symposium presenters need not submit the Agreement.
6. Omit these notes when you fill in the form.