**Advanced Research Program**

**Notification of Change in Research Members**

Date:DD/MM/YY

To: Director of Research Division

|  |  |
| --- | --- |
| Applicant  （Representative） | Affiliation/Position：  Name： 　　 　　 　　　 （Faculty ID No.： ） |
| Research  Promotion  Program  （Please circle the  applicable one） | \*International Collaborative Research Promotion Program  \*Program for Core-to-Core Research  \*Other（　　　　　　　　　　　　　　　　　　　　　　　　　） |
| Research Title |  |

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| **Members to be Deleted** | | | | | | |
| Name | Institution | Position | Degree | Specialty | Research Role |  |
|  |  |  |  |  |  | Research Partner |
| **Members to be Added** | | | | | | |
| Name | Institution | Position | Degree | Specialty | Research Role |  |
|  |  |  |  |  |  | Research Partner |

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| --- |
| **Reasons for changing members**（Font:10.5 points. DO NOT edit the form.） |
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| 日付 | 日付 | 日付 |