

Kochi Core Center Open Facility System (KOFS)

Application Form for Use

Date of application	mm/dd/yy
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Please complete both pages of the form and submit to KOFS Administration Office by email.

Email: kcc-kyoyo@kochi-u.ac.jp Visit: <http://www.kochi-core.jp/kyoyo/index.html>

Applicant/Representative				
Name	(Last/First)			
Affiliation and Position				
Address				Zip Code :
Phone Number		Fax Number		
Email				
<For a student only> Name of the supervisor: Affiliation if different: Email :		<For a fixed-term researcher only> Name of Grant or Fellowship:		
Team Members				
* If the group has over 3 people, add any rows as needed.		Name	Affiliation and Position	Email
	1			
	2			
	3			
Emergency Contact	Name: Cell Phone Number or Email:			
Information about Your Application				
Proposal Title				
Research Purposes and Analytical Plans;	*Please describe your analytical plans in detail including needs of instrumental facilities in KOFS.			
Equipment you want to use	Name of Equipment	Type of Use	Prior Discussion with the person in charge	
		<input type="checkbox"/> Use of Equipment <input type="checkbox"/> Technical Consultation	<input type="checkbox"/> Done Name: <input type="checkbox"/> Not yet	
		<input type="checkbox"/> Use of Equipment <input type="checkbox"/> Technical Consultation	<input type="checkbox"/> Done Name: <input type="checkbox"/> Not yet	
		<input type="checkbox"/> Use of Equipment <input type="checkbox"/> Technical Consultation	<input type="checkbox"/> Done Name: <input type="checkbox"/> Not yet	
Desired Period	Priority	1 st	mm/dd/yy - mm/dd/yy	Total days
		2 nd	mm/dd/yy - mm/dd/yy	Total days
		3 rd	mm/dd/yy - mm/dd/yy	Total days

