Application Form

Joint Research, Institute of Nature and Environmental Technology, Kanazawa University, 2026

To: Director of the Institute of Nature and Environmental Technology, Kanazawa University

Apply as follows

*indicates notes.

Name			Date		MM/DD/YYY	YY	
Affiliation							
Job Title (Year for students)							
Supervisor's Affiliation & Title	* Please write if you are an applicant for PhD student Support Program or graduate students applying for Joint research within Kanazawa University.						
Postal Address							
Phone Number			E-mail Address				
Funding Category	☐ Key Joint Research Program ☐ Joint Research Program ☐ PhD Student Support Program ☐ Joint research within Kanazawa University	*Fo typ the cov app opt onl for	domestic international self-funded or the self-funded or the self-funded e, expenses for research must be detected by the olicant. This ion is selectable ywhen applying general laborative earch.	Research period one year (new) first year of two years (new)* Two-year research projects are eligible for the Key Joint Research Program. second year of two years (continue) * Please select "second year" if your research project was selected in FY 2025 whose period is two years.		□new □continue	
Research Field Research	 □ Understanding environmental pollution, environmental fluctuations, and the mechanisms behind these factors □ Investigating the effects of environmental change on human health □ Researching the effects of human societies on ecosystems □ Developing methods for the prediction of changes to local environments □ Researching topics related to sustainable development □ Interdisciplinary studies related to the Sea of Japan region *Applicant applying for Key Joint Research Program chooses all applicable. *Applicant applying for Joint Research Program, PhD student Support Program or Joint research within Kanazawa University chooses one. 						
Theme							

	Nam	e of sample	Form (Shape)	The number of sample	Owner	Owner's license □ Applicable □ Not applicable	Obligation to comply with laws and regulations Applicable Not Applicable			
Assay sample(s)						□ other ()	* Please select one to confirm your compliance with laws and regulations.			
Significance, purpose, feat and expected results of the research *In case of the second year, to the past achievements progress.	nures l ne refer	*Please desc	ribe the relation	nship with the	institute.					
Required expenses *Please describe details of expen Those who have two-year Key Jo Research Progra describe details	e a oint am	Travel Expenses		to March 202 to March 202		oint Research Progr	ram)			
each year. *If you are applying for the	:		related facilitie used for the u	*As a general regulation, you can apply for travel expenses only trips to and from this institute and related facilities of this institute. In the "international" research program, travel expenses can be used for the university's research co-members to conduct joint research at the representative's affiliated institution.						
self-funded Join Research Progra you do not need complete this section.	am,	Consumable	April 2026 to March 2027 April 2027 to March 2028(For Key Joint Research Program)							
Maximum amount Key Joint Resea Program: Up to 1,000,000		Others		to March 202 to March 202		oint Research Progr	ram)			
JPY/year Joint Research Program/PhD student Support Program: Up to 300,000 JPY		Total	-	to March 202 to March 202		(For Key Joint Res	earch Program)			

this ach	nificance of application tieve the above								
		Name	Affil	liation	Position	Phone		Role/Resea rch Task	E-mail address
	Applicant								
Research Team	Member(s)								
	Note 1) Describe the name(s) of a K-INET research staff and other researchers. 2) List all the members who will use the institute. If there are any changes, please submit a newly revised application form to the K-INET office in consultation with K-INET staff. 3) Please report promptly if any changes occur.							a newly revised	
sta op	tus in other en calls for articipants								
-	Program Term	MM/DD/YYYY ~ MM/DD/YYYY							
	boratory at K-INET								
	quipment f K-INET	The name(s) equipme			ity operating equipment able / unable			you can	ne K-INET staffs not operate it

	Name(s) of equipme		Specifications			Safety measures			
Carry-in Equipment	If you will hat carry-in equal describe below	ipment,							
Measures to carry-in internationally regulated	☐ Sealed ra☐ Poisons,	able onal regulated idioactive m playable, et	ed goods naterial c.	ubstance:	s, please d	escrit	ne the details i	n the follov	ving
substances, sealed radioactive materials, and poisonous and	Name(s) of substance	Shape (form)	Amount	Nature	Purpose of	use	Storage method and Processing method	Safety measure	
deleterious substance									_
Usage research i ☐ usage Adoption 1.	related with the			eeting of	the K-INF	ET			
<u>2.</u> 3.									
4.	/								
□ no-usage									

Publication list (Articles, Review papers, Oral presentations, Graduation thesis, Master thesis, Doctor thesis,
etc.)	
	Name
K-INET staff	
K-INET Stall	E-mail
	*Please write staff's full name written in the Facilities and instruments list.

^{*} Please discuss with the K-INET research staff before applying.

^{*} Please discuss enough with the K-INET research staff especially for wishing the use of RI and/or X-ray devices.