Date:		
Date.		

# Agreement with Institute for Catalysis, Hokkaido University on the Joint Usage / Research

To Director, Inst	itute for Catalysis, Hokkaido Un	iversity			
	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.  I agree with the description on the back side.					
Project Nun	nber:				
Research Pr	oject Title :				
Research period: year month day			$\sim$ 03 31 year month day		
Name	Affiliation *Do not abbreviate the name of affiliatio	Job title  * Enter his/her grade for a graduate student.	Remarks * Existence of subscription of insurance (PAS etc.)		

#### 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/her graduate school.
- 3. If necessary, add columns at your convenience.
- 4. Submit the Agreement form after your application has been approved.
- 5. Delete these notes when you fill in the form.

## Appendix

## (Compliance)

The Principal Investigator (PI), Co-Investigators (CoI), and collaborative researchers (CR) are obliged to compliance with the regulations of ICAT and other related laws. The PI, CoI and CR are also obliged to follow the director's instructions issued for management and safety reasons.

#### (Disclaimers)

Regarding projects which have been adopted as Institute for Catalysis Joint Usage/Research, ICAT accepts no liability for any loss occurred through no fault of ICAT.

## (Other)

Graduate students should subscribe Personal Accident Insurance for Students Pursuing Education and Research (PAS) of Japan Educational Exchanges and Services before joining the Joint Usage / Research. (You do NOT need to submit an insurance policy.)