

* Receipt No. (Leave the right column blank.)	
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2020 Joint Usage/Research Proposal Application Form for On-Demand Collaboration Date: _____	
Principal Investigator	Name: Classification ( Y / M / S )(*1): Affiliation (institution, department, and title): Contact Details Postal code: Address:  Phone: _____ Email: _____
Project category	On-Demand Collaboration
Research period (yy/mm/dd – yy/mm/dd)	
Research Project Title	
ICAT Partner Researcher	

(1) Purpose of the Research, Research plan and method(*2)
(2) Materials to bring into ICAT, Facility to be used, safety measure, etc.(*2)
The above application is approved.  <div style="text-align: right;">Jun-ya Hasegawa, Date _____ Director of Institute for Catalysis, Hokkaido University</div>  Report of the research might be sent to <a href="mailto:director_rep@cat.hokudai.ac.jp">director_rep@cat.hokudai.ac.jp</a> Acknowledgement to the Joint Usage/Research project at ICAT, Hokkaido University is appreciated.

(\*1) Select one of the following codes, “Y” (≤ 35 years old), “M” (36 - 39 years old), and “S” (≥ 40 years old). The age definition is as of March 31, 2021.

(\*2) Extend the size of box if necessary.