



Institutional Project Support Program in Japanese Studies Application Form

RJS-KX (US)

For fiscal 2012-2013

Applicant

Date: (Yr.) (Mo.) (Day)
 / / /

| | | | |
|---|------------------------------|----------------------------|----------------------------|
| Applying Institution (e.g., University, Institute) | | | |
| In English | | | |
| (In Japanese) | | | |
| Address of Institution | | Legal Status | |
| | | Telephone | |
| | | Facsimile | |
| | | E-mail | |
| Department (e.g., Faculty/Department/Division, Center, Institute, etc.) that will conduct the project within the Applying Institution | | | |
| Name | | | |
| Address | | Telephone | |
| | | Facsimile | |
| | | E-mail | |
| Authorized Representative / Project Director / Bursar | | | |
| | 3. Authorized Representative | 4. Project Director | 5. Bursar |
| Name | Prof. Dr. Mr. Ms. | Prof. Dr. Mr. Ms. | Prof. Dr. Mr. Ms. |
| Position within the Applying Institution | (President, Rector, etc.) | | |
| Signature | | | |

Project Outline

| | | | |
|---------------|----------------------|-----|------------------------|
| Project Title | | | |
| Grant Period | Yr. | Mo. | Day |
| | from | / | / |
| | to | / | / |
| | () months | | |
| Project Cost | Total Project Cost | | Amount Request from JF |
| | 1 st year | | |
| | 2 nd year | | |
| | 3 rd year | | |
| | Total | | |

****Project Description (*This section must be completed in addition to the full narrative.)**