

Agreement Form

To Director of Glycan and Life Systems Integration Center, Soka University,

Institution Name :

Address :

Phone No. :

The following joint research is approved by the institution listed below.

1. Representative

Name (Signature) :

Institution :

Position :

2. Joint research project name

Joint research theme No.:

Person in charge :

3. Research period: _____ to _____

Institution Head Name:

Institution Head Signature _____

Date: _____