

[Form 2]

Joint Research Consent Form

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

Institution Name :

Address :

Phone No. :

I hereby give my consent for the following individual(s) affiliated with this organization to conduct joint research at your institute.

1. Representative

Name :

Institution :

Position :

2. Project Details

Joint research project name:

Joint research No. :

Co-Researcher Name :

3. Research period : 1/04/2024 to 31/03/2025

Institution's Director Name :

Institution's Director Signature: _____

Date: _____