

**【Form 2】**

**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.:

Co-Researcher Name :

3. Research period : XX/XX/2023 to XX/XX/2024

Institution's Director Name :

Institution's Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_