

Japan-U.S. Brain Research Cooperation Program  
Application for Training Course Dispatch to the U.S. Program FY2023

Field:

1. Applicant

Name: Signature or Electronic signature:  
Date of Birth (yyyy/mm/dd): Age:  
Sex: M/F  
Title, Affiliation and Year (e.g. 2nd year of Doctoral course):  
Address of the Affiliation:  
Contact Information  
Tel:  
E-mail:

2. Training Course name (that you wish to participate):

Web site (URL):

3. Expected Period of Dispatch (yyyy/mm/dd):

From to ( months)

4. Host Institute in the U.S.

Name of Institute:  
Address:  
Host Researcher:  
E-mail:

5. Purpose and Expected result:

6. Recommender (Supervisor)

Name: Signature or Electronic signature:  
Title and Affiliation:  
Reason for Recommendation:

## Japan-U.S Brain Research Cooperation Program

## Curriculum Vitae of Applicant for Training Course Dispatch to the U.S. Program FY2023

1. Name:
2. Date of Birth (yyyy/mm/dd): Age:
3. Sex: M/F
4. Academic and Professional Background after Graduation from University:
5. Research History:

Japan-U.S. Brain Research Cooperation Program  
Training Course Dispatch to the U.S. Program FY2023: Report

Field: \_\_\_\_\_

1. Researcher

Name:

Title:

Affiliation:

2. Training Course name:

3. Dispatch Period, from/to (yyyy/mm/dd):

4. Abstract, Results, and Research Significance (300 Words):

6. Other (Research-related concerns, particular points to note):

\*Please attach any reference materials as necessary.