

Japan-U.S. Brain Research Cooperation Program
Application for Training Course Dispatch to the U.S. Program FY2025

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
Training Course Dispatch to the U.S. Program FY2025: 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):

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

*Please attach any reference materials as necessary.