

Japan-U.S. Brain Research Cooperation Program
Application for Training Course Dispatch to the U.S. Program FY2020

Field:

1. Applicant

Name: Seal:
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: Seal:
Title and Affiliation:
Reason for Recommendation:

Japan-U.S. Brain Research Cooperation Program
Training Course Dispatch to the U.S. Program FY2020: 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.