【**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.:

 Person in charge :

３．Research period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Head Name:

Institution Head Signature Date: \_