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

## **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.
I. <u>Representative</u>
Name :
Institution :
Position :
2. Joint research project name:
Joint research theme Number :   **Can be found at the notice of acceptance
Host Research Collaborator :
3. Research period : 11 <sup>th</sup> July 2022 to 31 <sup>st</sup> March 2023
Institution's Director Name :

Institution's Director Signature