**Advanced Research Program**

**Notification of Change in the Implementation Plan for Research Funding**

Date:DD/MM/YY

To: Director of Research Division

|  |  |
| --- | --- |
| Applicant（Representative） | Affiliation/Position：Name： 　　 　　 　　　 （Faculty ID No.： ） |
| ResearchPromotionProgram（Please circle theapplicable one） | \*International Collaborative Research Promotion Program\*Program for Core-to-Core Research\*Other（　　　　　　　　　　　　　　　　　　　　　　　　　） |
| Research Title |  |

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| **Reasons for changing the implementation plan**（Font:10.5 points. DO NOT edit the form.） |
|  |
| **Payment plans after the change** |
|  | Expense Item | Amount（Unit: Thousand Yen） | Details |
| After　the Change |  |  |  |
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|  |  |  |
| Total |  |  |

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| 承認 | 点検 | 受付 |
|  |  |  |
| 日付 | 日付 | 日付 |