Ritsumeikan University Faculty Research-Priority Program

- Letter of Confirmation from Department Head -

MM/DD/YYYY

College/Graduate School of

To the Dean of the College/Graduate School

　I wish to apply for research priority as per the attached “Ritsumeikan University Faculty Research-Priority Program: Research Priority Proposal.” Accordingly, your approval would be much appreciated.

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| Applicant | Affiliation/Position:Name: (Faculty/Staff No.: ) |
| Research theme |  |
| Name of research fund | (Period of research implementation: Month, YYYY - Month, YYYY) |
| Period of research priority | MM/DD/YYYY - MM/DD/YYYY |

To be entered by the relevant department head

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| Approval is granted for the abovementioned person to apply for the Faculty Research-Priority Program.MM/DD/YYYYDean of the College/Graduate School of Name: |
| Exemption from duties(If not exempt, delete the circle and state the reason.) | 〇 | Teaching classes | Reason for non-exemption |  |
| 〇 | Attendance at College Faculty Councils, etc. |  |
| 〇 | Appointment to University and Academy positions |  |
| Alternative measures for classes, etc. |  |

To be entered by the administrative office of your affiliation

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| Confirmation date by Administrative Manager | Remarks |
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To be entered by the Office of Research Strategy and Integrity

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| Confirmation date by the person in charge | Remarks |
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