**Form No.1**

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| ※Date of approval(Y/M/D) |  / /  | ※approval No. |  |

**Application Form for Approval for Use of Facilities**

 Date (Y/M/D): / /

To The University-Business Innovation Center Director

 Applicant: Laboratory name:

 Name:

(Tel: - - )

I request the approval for use of facilities as follows.

|  |  |
| --- | --- |
| Name of facilitiesto be used |  |
| Purpose of use |  |
| Date and time of use(Y/M/D/Time) | From　　 / / / /To / / / /  |  |
| Name of the faculty member in charge of useName of the laboratoryhe/she belongs to |  |
| (In case of student's use) Name and ID numberof student |  |
| Other matters forreference |  |
| \*Conditions of approval |  |
| \*Date of receipt (Y/M/D)Receipt number |  | \*Name ofrecipient |  | \*Sum ofcharges | Yen |

NOTES:

 1 Do not fill in the items with \*.

 2 With regard to the time of use, include the time required for preparation and evacuation.

 3 Attach materials related to the purpose of use (e.g. contents of research, etc.)