## Form No.1

%Date of approval		Xapproval No.	
(Y/M/D)	/ /	%appiovai No.	

## Application Form for Approval for Use of Facilities

		Date (Y/M/D):				: /	1				
Γο The University-Busines	s Innovation	Center D	irecto	r							
Applicant: Laboratory name:											
	N	Vame:									
				(Tel:	-	-	)				
request the approval for use of facilities as follows.											
Name of facilities											
to be used											
Purpose of use											
Date and time of use	From	1	/	/	/						
(Y/M/D/Time)	То	/	/	/	1						
Name of the faculty											
member in charge of use											
Name of the laboratory											
he/she belongs to											
(In case of student's use)											
Name and ID number											
of student											
Other matters for											
reference											
*											
Conditions of approval											
*		*				*					
Date of receipt (Y/M/D)		Name	of			Sum of					
Receipt number		recipie	ent			charges	Yen	l			

## 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.)