

FY2026 Application Form for Joint Use (A) and Joint Research (B: Equipment Usage) Joint Usage/Research Center for Drilling Earth Science (JURC-DES)

Submission Date: _____

1 Applicant Information

1. Name	
2. Gender	Select one item from the right <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
3. Affiliation* ¹	
4. Job Title/School Year	
5. Age Category	Select one item <input type="checkbox"/> 35 y.o. and younger <input type="checkbox"/> 36 - 39 y.o. <input type="checkbox"/> 40 y.o. and older
6. ORCID iD* ²	
7. Mailing Address	〒
8. TEL	
9. Email* ³	

■ If the applicant is a graduate student, please provide supervisor's info. in the following:

10. Supervisor's Name		11. Affiliation and Job Title	
12. ORCID iD* ²		13. Email	

*1: Please refrain from abbreviating the affiliation. *2: If ORCID iD has not been obtained, please leave it blank.

*3: Upon selection of the application, the email address will be registered for contact from the Secretariat.

2. Applicant's Details

1. Categories:

A_Joint Use AY_Joint Use (Early Career)

B_Joint Research (Equipment Usage) BY_Joint Research (Equipment Usage, Early Career)

2. Periods:	<input type="checkbox"/> First Semester	<input type="checkbox"/> Second Semester	<input type="checkbox"/> First and Second Semesters
3. Continuation	<input type="checkbox"/> New Project	<input type="checkbox"/> Continuous Project* (prev. approved #: _____)	

*Please select "continuous" when the application under the same research title from the previous one.

4. Research field (Select one item)	<input type="checkbox"/> 1. Research projects on Drilling Earth Science regarding IODP ³ , IODP, and ICDP <input type="checkbox"/> 2. Research projects on Drilling Earth Science NOT regarding IODP ³ , IODP, and ICDP <input type="checkbox"/> 3. Basic research on Earth Planetary Science <input type="checkbox"/> 4. Research projects on submarine energy and mineral resource <input type="checkbox"/> 5. Interdisciplinary research covering Earth Planetary Science and Life Science					
5. Research Title						
6. Co-investigator from MaCRI (Primary Investigator)	Name			His/Her Role		
7. Research Team (Each role of the applicants and co-investigators) * ¹		Name	Gender	* ²	* ³	Roles
	1	Applicant		<input type="checkbox"/>	<input type="checkbox"/>	
	2			<input type="checkbox"/>	<input type="checkbox"/>	
	3			<input type="checkbox"/>	<input type="checkbox"/>	
	4			<input type="checkbox"/>	<input type="checkbox"/>	
	5			<input type="checkbox"/>	<input type="checkbox"/>	
	6			<input type="checkbox"/>	<input type="checkbox"/>	
	7			<input type="checkbox"/>	<input type="checkbox"/>	

*1: Please provide the names of individuals who use the MaCRI's facilities. If the number is exceeded 7, please create additional section. If there is a need to modify the number of users after the application has been accepted, please consult with the persons in charge and submit a change request to the secretariat.

*2: Please check the box if 35 years old and younger as of April 1, 2026.

*3: Please check the box if between 36 and 39 years old as of April 1, 2026.

StyleAB1-1	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
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3. Equipment and Facilities

If Equipment is not on the list, please check #38 and visit the URL below: https://www.kochi-u.ac.jp/marine-core/en/share/pdf/facilities_en.pdf

*1: Please consult with the person in charge before you apply. *2: Please follow application procedures for using RI/X ray analyzing equipment if the applicant or co-investigators operate it.

	Frequently Used Equipment ※=RI/X-ray analyzing Equipment	Operatable	Room		
①	<input type="checkbox"/> Sampling Desk	<input type="checkbox"/>	Sampling Room		
②	<input type="checkbox"/> Multi Sensor Core Logger (MSCL-S) ※	<input type="checkbox"/>	Core Logging Lab.		
③	<input type="checkbox"/> X-ray CT Scanner※	<input type="checkbox"/>			
④	<input type="checkbox"/> Core image scanner	<input type="checkbox"/>			
⑤	<input type="checkbox"/> X-Ray Diffractometer (XRD) ※	<input type="checkbox"/>	X-ray & SEM Lab.		
⑥	<input type="checkbox"/> X-ray Fluorescence Spectrometer (XRF) ※	<input type="checkbox"/>			
⑦	<input type="checkbox"/> Micro-Focus X-ray CT Scanner (Xradia) ※	<input type="checkbox"/>	Geochemistry Lab.		
⑧	<input type="checkbox"/> XRF Core Scanner (ITRAX) [Must submit Style AB1 Attachment] ※	<input type="checkbox"/>			
⑨	<input type="checkbox"/> Bead Sampler (Desktop)	<input type="checkbox"/>	Rock Processing Lab.		
⑩	<input type="checkbox"/> Muffle Furnace	<input type="checkbox"/>			
⑪	<input type="checkbox"/> Lapidary/Lapping Machines (Horizontal Lapidary Machine, Lapping Machines for Thin Sections)	<input type="checkbox"/>	Rock Cutting Lab.		
⑫	<input type="checkbox"/> Diamond Cut Saw for Rock Samples	<input type="checkbox"/>			
⑬	<input type="checkbox"/> Pass-through Superconducting Rock Magnetometer for U-Channel Samples	<input type="checkbox"/>	Paleo & Rock Magnetism Lab.		
⑭	<input type="checkbox"/> Superconducting Rock Magnetometer for Discrete Samples	<input type="checkbox"/>			
⑮	<input type="checkbox"/> Thermal Demagnetizer	<input type="checkbox"/>			
⑯	<input type="checkbox"/> Alternating Field (AF) Demagnetizer	<input type="checkbox"/>			
⑰	<input type="checkbox"/> Spinner Magnetometer	<input type="checkbox"/>			
⑱	<input type="checkbox"/> Magnetic Balance	<input type="checkbox"/>			
⑲	<input type="checkbox"/> Magnetic Property Measurement System (MPMS)	<input type="checkbox"/>			
⑳	<input type="checkbox"/> Vibrating Sample Magnetometer (VSM)	<input type="checkbox"/>			
㉑	<input type="checkbox"/> Pulse Magnetizer	<input type="checkbox"/>			
㉒	<input type="checkbox"/> Automated Spinner Magnetometer with Alternating Field Demagnetizer (DSPIN)	<input type="checkbox"/>			
㉓	<input type="checkbox"/> Three Frequency Kappabridge for Measurements of Magnetic Susceptibility	<input type="checkbox"/>	Physical Property Lab.		
㉔	<input type="checkbox"/> Pentapycnometer	<input type="checkbox"/>			
㉕	<input type="checkbox"/> Stable Isotope Analysis (IsoPrime precISION)	<input type="checkbox"/>	Inorganic Geochemistry Lab.		
㉖	<input type="checkbox"/> Stable Isotope Analysis (IsoPrime JB157)	<input type="checkbox"/>			
㉗	<input type="checkbox"/> Laser Diffraction Particle Size Analysis	<input type="checkbox"/>			
㉘	<input type="checkbox"/> Gas Chromatograph (GC)	<input type="checkbox"/>	Organic Geochemistry Lab.		
㉙	<input type="checkbox"/> Organic Elemental Analyzer (Flash EA)	<input type="checkbox"/>			
㉚	<input type="checkbox"/> High-Speed Solvent Extraction Device (ASE)	<input type="checkbox"/>			
㉛	<input type="checkbox"/> High-Speed Concentration Device (Turbo Vap)	<input type="checkbox"/>			
㉜	<input type="checkbox"/> Gas Chromatograph/Mass Spectrometer with Therman Desorption Equipment (GC-MSD)	<input type="checkbox"/>			
㉝	<input type="checkbox"/> Elemental Analyzer/Isotope Ratio Mass Spectrometer (EA-IRMS)	<input type="checkbox"/>			
㉞	<input type="checkbox"/> Field-Emission Scanning Electron Microscope (FE-SEM)	<input type="checkbox"/>	X-Ray & SEM Lab.		
㉟	<input type="checkbox"/> Electron Probe Microanalyzer (EPMA)	<input type="checkbox"/>	Spectrochemical Analysis Lab.		
㊱	<input type="checkbox"/> Gamma-Ray Spectrometer	<input type="checkbox"/>			
㊲	<input type="checkbox"/> Double-Focusing High Resolution ICP Multi-Collector Mass Spectrometer (NEPTUNE)	<input type="checkbox"/>	ICP-MS Lab.		
㊳	<input type="checkbox"/> Quadrupole Inductively Coupled Plasma Mass Spectrometer (iCAP Q ICP-MS)	<input type="checkbox"/>			
㊴	<input type="checkbox"/> Core Splitter	<input type="checkbox"/>	Machine Shop		
㊵	<input type="checkbox"/> Other Equipment () *Write applicants can operate the equipment or not.				
Select the persons from the following with whom applicants have consulted for this application:					
<input type="checkbox"/> M. IKEHARA	<input type="checkbox"/> M. IWAI	<input type="checkbox"/> Y. UJIIIE	<input type="checkbox"/> G. URAMOTO	<input type="checkbox"/> T. OKUMURA	<input type="checkbox"/> Y. YAMAMOTO
<input type="checkbox"/> T. MATSUZAKI	<input type="checkbox"/> T. UEDA	<input type="checkbox"/> K. OKAMURA	<input type="checkbox"/> Y. NISHIO	<input type="checkbox"/> Y. KATO	<input type="checkbox"/> T. SATO
<input type="checkbox"/> T. NOGUCHI	<input type="checkbox"/> Other ()				
Desired Schedule for Use: E.g.) 5 days between Apr. and Sep. 2026 Certain days between Jan. and Feb. 2027 (The number of days is not fixed)		1 st Choice: _____ day(s) between _____, 202_ and _____, 202_			
		2 nd Choice: _____ day(s) between _____, 202_ and _____, 202_			
		3 rd Choice: _____ day(s) between _____, 202_ and _____, 202_			
		4 th Choice: _____ day(s) between _____, 202_ and _____, 202_			

StyleAB1-2	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
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4. Sample Information

1. Name of Sample Materials Incl. Collecting Sites/Expedition #	2. Shape (Its size, etc.)	3. The number of samples	4. The Owner of the samples *1	5. Permission from the owner
				<input type="checkbox"/> N/A <input type="checkbox"/> Permitted <input type="checkbox"/> Other ()

*1) If an organization owns samples, please write a name of the organization (JAMSTEC, NSF, etc.)

6. Laws and Regulations	<input type="checkbox"/> N/A <input type="checkbox"/> Need to Apply		Remarks (if any):
	Select one out of the following items:		
	<input type="checkbox"/> Washington Treaty <input type="checkbox"/> Convention on Biological Diversity	<input type="checkbox"/> National Natural Monument <input type="checkbox"/> Plant Protection Act	<input type="checkbox"/> Special Protection Zone <input type="checkbox"/> Others

7. Temporary Sample Storage	Do you ask temporary storage of your samples? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide reasons below)
	Reasons :
	Exchanging the sample's ownership after completing the project <input type="checkbox"/> No <input type="checkbox"/> Yes

If you wish to store your samples temporarily at MaCRI, please submit "Application Form of Storage Usage" before your samples are loaded. Please contact the KU-ABCR Secretariat for more details.

5. Loading Own Items

Does the applicant bring their own devices, instruments, or chemicals?

- No
 Yes

*If yes, please provide information in the following sections, a to c:

a. Devices/Instruments

Machine Name	Details (Model #)	Safety Measures

b. Materials required to apply safety measures

<input type="checkbox"/> N/A	<input type="checkbox"/> Internationally Controlled Materials
<input type="checkbox"/> Radioactive Materials	<input type="checkbox"/> Poisonous and Deleterious Substances

c. Please provide detailed information on the above materials:

*Name of materials, its shape, amount, property, purpose of use, storage method, treating method, and safety measures

StyleAB1-3	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
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6. Research Project

<p>Research Implications, Goal, Originality, and Expected Results</p> <p>*If this is a continuous research project, please also provide the achievements or progress made in the previous projects.</p>

<p>How does this application contribute to achieve the above goal?</p> <p>*Please write it in accordance with equipment selected in Section 3 “Equipment and Facilities.”</p>

7. Travel Expenses (Only applicants for AY (Early Career) and BY (Early Career) write this part.)

Need Travel Expense Supports No Yes (Only one applicant is eligible once per fiscal year)

*Same applicants with different research projects cannot apply for the travel expense subsidy multiple times in the same fiscal year.

Details of travel expenses

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StyleAB1-4	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
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8. Related Information to the Application or Research Achievements (FY2021-FY2025)

Research papers relating to this application, published by applicant or co-investigators (within 3 papers) If no papers relating to this application, provide other achievements (within 3 papers)

Usage History of Joint Use/Research Programs for the Past 5 years

Has the applicant conducted JURC-DES approved research projects before? Yes No

<Research Title(s) Selected: Provide five titles from the latest>

	Approved Number	Research Title
1		
2		
3		
4		
5		

<Research Achievements>

Please provide the research achievements (papers, reviews, oral presentations, BA thesis, MA thesis, or Doctoral thesis) that have been published as a result of past research projects approved by JURC-DES:

*Since the research achievements will be subjected to evaluation for selection, please provide the precise information.

Already submitted all published research achievements to the Secretariat

_____ paper(s) mentioning the approved number in the acknowledgement

_____ paper(s) NOT mentioning the approved number in the acknowledgement

*Only research papers that mention the approved number in its acknowledgment will be counted as JURC-DES achievements.

Not submitted yet (Please submit "**Registration Form of Research Results**" to the Secretariat immediately)

No research achievements published so far at this moment

JURC-DES Research Meeting Participation Experiences (Please select all that apply from the following)

FY2021 FY2022 FY2023 FY2024 FY2025

*Selected applicants are encouraged to present their research findings at the JURC-DES Research Meeting, will be held at MaCRI at the end of every fiscal year

Research Projects funded by other grants-in-aids

*Please provide if you apply other competitive research funds such as Grant-in-Aid for Scientific Research, or *KAKENHI* and its results.

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Has the applicant participated in Core School before?

Basic Core Analysis Course Core Isotope Analysis Course Paleomagnetism Course

Other (_____ Course) Not Participated so far

StyleAB1-5	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
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