

**FY 2026 Application Form for All-Year Round
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. 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.

3. 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
-------------------------------------	--

4. Research Title	
-------------------	--

5. Co-investigator from MaCRI (Primary Investigator)	Name		His/Her Role	

6. 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.

StyleAB3-1	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
------------	------	-------------------------	----------------------------	-----------------------------------

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"/>			
⑥	<input type="checkbox"/> X-ray Fluorescence Spectrometer (XRF) ※	<input type="checkbox"/>	X-ray & SEM Lab.		
⑦	<input type="checkbox"/> Micro-Focus X-ray CT Scanner (Xradia) ※	<input type="checkbox"/>			
⑧	<input type="checkbox"/> XRF Core Scanner (ITRAX) [Must submit Style AB1 Attachment] ※	<input type="checkbox"/>	Geochemistry Lab.		
⑨	<input type="checkbox"/> Bead Sampler (Desktop)	<input type="checkbox"/>			
⑩	<input type="checkbox"/> Muffle Furnace	<input type="checkbox"/>	Rock Processing Lab.		
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. UJIIE	<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_			

StyleAB3-2	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
------------	------	-------------------------	----------------------------	-----------------------------------

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 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. 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

StyleAB3-3	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
------------	------	-------------------------	----------------------------	-----------------------------------

6. Please provide reasons and urgency for the all-year round application

Please provide details explaining why the applicant was unable to submit the application before the most recent deadline and to wait until the next application deadline. Additionally, include the urgency of the situation in terms of its academic importance or educational perspectives.

7. Research Project

Research Implications, Goal, Originality, and Expected Results

*If this is a continuous research project, please also provide the achievements or progress made in the previous projects.

How does this application contribute to achieve the above goals?

*Please write it in accordance with equipment selected in Section 3 "Equipment and Facilities."

StyleAB3-4	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
------------	------	-------------------------	----------------------------	-----------------------------------

8. Related Information to the Application and 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 acknowledgement 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.

--

Has the applicant participated in Core School before?

Basic Core Analysis Course Core Isotope Analysis Course Paleomagnetism Course

Other (_____ Course) Not Participated so far

StyleAB3-5	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
------------	------	-------------------------	----------------------------	-----------------------------------