## FY 2025 Application Form for Joint Research (C: General) Joint Usage/Research Center for Drilling Earth Science (JURC-DES)

<b>Submission Date:</b>							

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

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

10. Supervisor's Name	<b>11.</b> Affil	liation and Job Title
<b>12.</b> ORCID iD*2	<b>13.</b> Ema	ail

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

1. Categories: ☐ New Project	☐ Continuous Project* (prev. approved #:	)
*Please select "continuous" when the an	plication under the same research title from the previous one	

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

<sup>\*3:</sup> Upon selection of the application, the email address will be registered for contact from the Secretariat.

<sup>\*1:</sup> 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, please consult with the persons in charge and submit a change request to the secretariat.

<sup>\*2:</sup> Please check the box if 35 years old and younger as of April 1, 2025.

<sup>\*3:</sup> Please check the box If between 36 and 39 years old as of April 1, 2025.

## 3. Sample Information

Name of Sample Incl. Collecting Sites/	e Materials	2. Shape (Its siz	e, etc.)	3.The numbe of samples		The Owner of e samples *1	5. Permission from the owner
	•						□ N/A
							☐ Permitted
				<u> </u>			☐ Other
							( )
							,
*1) If an organization	owns samples,	please write a name o	of the organizati	on (JAMSTEC, I	NSF, e	etc.)	
6. Laws and	□ N/A	☐ Need to A	apply R	emarks (if ar	ıy):		
Regulations	Select one	out of the follow	ing items:				
	□ Washing	ton Treaty	☐ National	 Natural Monun	nent	☐ Special P	rotection Zone
		n Biological Diversity	□ Plant Pı	otection Act		□Others	
						1	
4. Loading Own	Items						
Does the applicar		own devices, ins	truments, o	r chemicals?	ı		
□ No							
□ Yes *If yes, please pro	ovide informa	tion in the follow	ina sections	<b>.</b>			
a. Devices/Instr		The second was a second was a second with the second was a second with the second was a second w	mg cochone	,. 			
Machine	e Name	Det	ails (Model #	<b>#</b> )		Safety Mea	asures
b. Materials req	uired to apply	safety measure	S				
□ N/A						olled Material	i
☐ Radioactive	Materials		☐ Pois	onous and [	Delet	erious Subst	ances
c. Please provid	le detailed int	formation on the	ahove mate	vriale:			
*Name of materials, its					ethod,	and safety meas	sures

Style C1-2 Name Reg. # *Secretariat Use Approv. # *Secretariat Use Person in charge *Secretariat Use
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## 5. Research Projects

\* If this research is approved by Grant-in-Aid for Scientific Research (KAKENHI) or other research grants, you can attach copies of those application forms mentioning the research overview.

* If appr	oved by Grant-in-Aid for Scien	tific Research (KAKENHI), please also provide the title of research project and project number.
Rese	arch Implications, Goal	, Originality, and Expected Results
*If this	is a continuous research proje	ct, please also provide the achievements or progress made in the previous projects.
6. Rel	ated Information to th	e Application
Usage	History of Joint Use/R	esearch Programs for the Past 5 years (FY2020-2024)
	-	JURC-DES approved research projects before? ☐ Yes ☐ No
	• •	Provide five titles from the latest)>
11030	Approved Number	Research Title
	Approved Number	Nesearch file
1		
2		
3		
4		
5		
4D		
	earch Achievements>	achievements (papers, reviews, oral presentations, BA thesis, MA thesis, or
Docto	ral thesis) that have be	en published as a result of past research projects approved by JURC-DES:
*Since t	ne research achievements will	be subjected to evaluation for selection, please provide the precise information.
□ Alre	ady submitted all publi	shed research achievements to the Secretariat
		the approved number in the acknowledgement
*Only re		ning the approved number in the acknowledgement e approved number in its acknowledgment will be counted as JURC-DES achievements.
	t submitted yet (Pleas liately)	se submit "Registration Form of Research Results" to the Secretariat
	• /	s published so far at this moment
		g Participation Experiences (Please select all that apply from the following)
□ FY2 *Selecte		FY2022 ☐ FY2023 ☐ FY2024  To present their research findings at the JURC-DES Research Meeting, will be held at MaCRI at the
	very fiscal year	

Style C1-3	Name	Reg. # *Secretariat Use	Approv. #	*Secretariat Use	Person in charge	*Secretariat Use
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