

**FY 2026 Application Form for Joint Research (C: General)
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: New Project Continuous Project* (prev. approved #: _____)

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

2. 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					
3. Research Title						
4. Co-investigator from MaCRI (Primary Investigator)	Name			His/Her Role		
5. 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, 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.

Style C1-1	Name	Reg. # *Secretariat Use	Approv. # *Secretariat Use	Person in charge *Secretariat Use
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3. 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"/> National Natural Monument	<input type="checkbox"/> Special Protection Zone
	<input type="checkbox"/> Convention on Biological Diversity	<input type="checkbox"/> Plant Protection Act	<input type="checkbox"/> Others

4. 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

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