

Application Receipt Date: MM/DD/2018

**(2) Principal Investigator (Applicant): Person Responsible for the Research Project**

Name			
Date of Birth	MM / DD /19YY (XX years old)	Gender	Male/Female
Affiliated Institution	Name of Institution		
	Section (Department, Division, etc.)		
	Position		
	Address		
	Phone number		
	E-mail	<a href="mailto:XXXX@XXXXXX.XXX.XX">XXXX@XXXXXX.XXX.XX</a>	
Bio-SPM technology the Applicant Wishes to Use	<input type="checkbox"/> Super-resolution AFM (FM-AFM/3D-AFM)	<input type="checkbox"/> High-speed AFM	<input type="checkbox"/> SICM
Can you cover travel and accommodation expenses for staying at NanoLSI?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**(3) Questions Regarding Application Submission**

Why do you want to use Bio-SPM technologies in NanoLSI? Please restrict your answer to three lines.	
How did you find out about the NanoLSI Bio-SPMs Collaborative Research? <input type="checkbox"/> Research papers <input type="checkbox"/> Conference presentations <input type="checkbox"/> Acquaintance <input type="checkbox"/> NanoLSI's website <input type="checkbox"/> Other ( <u>Please specify</u> )	
Have you contacted a NanoLSI faculty member to discuss the feasibility of this research proposal?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," please write the name(s) of the contacted person(s).

**(4) Research Project Team (List of Collaborative Partner Researchers)**

Please list everyone else who will participate in this research project, including students and postdoctoral researchers.

1.	Name of collaborative partner researcher:		Affiliated Institution	
	Position		Address	
	Age	XX years old		
	Gender	Male/Female	E-mail:	<a href="mailto:XXXX@XXXXXX.XXX.XX">XXXX@XXXXXX.XXX.XX</a>
2.	Name of collaborative partner researcher:		Affiliated Institution	
	Position		Address	
	Age	XX years old		
	Gender	Male/Female	E-mail:	<a href="mailto:XXXX@XXXXXX.XXX.XX">XXXX@XXXXXX.XXX.XX</a>
3.	Name of collaborative partner researcher:		Affiliated Institution	
	Position		Address	
	Age	XX years old		
	Gender	Male/Female	E-mail:	<a href="mailto:XXXX@XXXXXX.XXX.XX">XXXX@XXXXXX.XXX.XX</a>

\*Increase fields if more space for additional researchers is necessary.

\*NanoLSI faculty members can be omitted.

\*Fill the age of the member at the date of submission.

**(5) Schedule for Visiting**

Name	Length of Visit and Number of Times (Tentative Plans Acceptable)	No. of Days
(Example) Jane Smith	One day x 3 times, one night/two days x 2 times, 3 nights/4 days x 1 time	11 days
		day(s)
		day(s)
		day(s)
		day(s)
		day(s)
		day(s)
Total No. of Days		day(s)

\*Increase fields if more space is needed.

\*Fill the total number of days you plan to stay at NanoLSI. The total days should be less than 100 days.

**(6) Pledge for Student Accidents**

If any unexpected circumstances occur with the students of the collaborative partner researchers (graduate and undergraduate students) at NanoLSI, I will deal with them in good faith.			
Position, Department/Division, Affiliated institution of the student's supervisor			
Signature			
Name		Date	MM/DD/2018

\*Refer to Application Guidelines "9. Other (d)."

\*Skip this section if no student is participating in the research project team.

**(7) Pledge for Submission of this Application**

If you agree, check the following boxes.

<input type="checkbox"/>	All information provided in this application is accurate to the best of the applicant's knowledge.		
<input type="checkbox"/>	My research project team will carry out experiments safely and not bring dangerous items, chemicals, biological samples, etc. to NanoLSI.		
<input type="checkbox"/>	My research project team will carefully use Bio-SPMs, related instruments, and accompanying items.		
<input type="checkbox"/>	My research project team will not conceal results obtained through this collaborative research and will open them to the public.		
<input type="checkbox"/>	When the research papers based on this collaborative research are published, my research project team will report them to the person in charge of the Bio-SPMs Collaborative Research and send the copies of the papers as PDF files.		
Signature			
Name		Date	MM/DD/2018

## **(8) Research Project Description**

Fill in the following items using text and Figures/Tables while citing references (Up to 2 pages).

### **(i) Significance, Purpose, and Originality and novelty of the research project**

### **(ii) Expected Results and Necessity of using the Bio-SPMs**

### **(iii) Research Plans and Methods**

If available, give an overview about the status of sample preparations and the preliminary results. Moreover, estimate the number of measurement days.

### **(iv) Experience on Bio-SPM observations (optional)**

If you have experience, mention the name of the microscope you used and give an overview about the results.

### **[References]**

- [1] Author(s), "Title," Journal, Vol., Page, (Year).
- [2] Author(s), "Title," Journal, Vol., Page, (Year).
- [3] Author(s), "Title," Journal, Vol., Page, (Year).