

Application Receipt Date: MM/DD/2021

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(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	XXXX@XXXXX.XXX.XX	
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 expenses including transportation and accommodation 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>)	
Do you wish "Collaborative Research by sending samples"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicants adopted do not visit WPI-NanoLSI. Samples are sent to WPI-NanoLSI and researchers in charge at WPI-NanoLSI conduct experiments. The "Collaborative Research by sending samples" is limited to cases where visiting WPI-NanoLSI is difficult due to the COVID-19-related issues.	
Have you contacted a NanoLSI faculty member to discuss the feasibility of this research proposal? <small>*If you wish "Collaborative Research by sending samples", you are supposed to contact a NanoLSI faculty member before the application.</small>	
<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. Please note that NanoLSI faculty members can be omitted.

1.	Name of collaborative partner researcher:		Affiliated Institution	
	Position		Address	
	Age	XX years old		
	Gender	Male/Female	E-mail:	XXXX@XXXXX.XXX.XX
2.	Name of collaborative partner researcher:		Affiliated Institution	
	Position		Address	
	Age	XX years old		
	Gender	Male/Female	E-mail:	XXXX@XXXXX.XXX.XX
3.	Name of collaborative partner researcher:		Affiliated Institution	
	Position		Address	
	Age	XX years old		
	Gender	Male/Female	E-mail:	XXXX@XXXXX.XXX.XX

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

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

*If you wish "Collaborative Research by sending samples", you do not need to fill in this field.

(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.

*Visit should be completed by the end of March, 2022 unless there are exceptional circumstances. For applicants adopted in 3rd call, visit can be done after March 31, 2022.

*If you wish "Collaborative Research by sending samples", you do not need to fill in this field.

(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/2021

*Refer to Application Guidelines "9. Other (f)."

*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/2021

(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).