For NanoLSI Use Only
Application Number:
Application Receipt Date: MM/DD/2026

Academic Year 2026 Bio-SPM Collaborative Research

Application and Pledge Form

The applicant must prepare the items below and submit them to the Bio-SPM Collaborative Research Office at WPI-NanoLSI, Kanazawa University, through the following e-mail address.

- Completed Form 1 (this form)
- Curriculum vitae for the principal investigator (applicant) only

E-mail: nanolsi_opf002*ml.kanazawa-u.ac.jp (Please replace the asterisks (*) with @)

(1) Research Project

Title of the Research Project				
Keywords	List approximately five keywords			
Bio-SPM Technology to be Used (Select one)	☐ Atomic resolution/3D-AFM	☐ High-speed AFM	☐ SICM	☐ AFM for Cell measurement
☐ Please mark if applying for the **Extended Visiting Track**				

Project categories (New or continued)	☐	New research project
	☐	Continued research project, taken over a previous Bio-SPM Collaborative Research If you check here, fill out the below items. In the case of a new research project, you can skip the below part.
Title of Previous Project		
Previous Research Period		MM/20XX – MM/20XX
Research Results from the Previous Project (Publications, etc.)		

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

Name				
Date of Birth	MM /DD/YYYY (XX years old)		Sex	Male / Female
Affiliated Institution	Institution Name			
	(Department/ Division			
	Position			
	Postal Address			
	Phone number			
	E-mail	XXXX@XXXXX.XXX.XX		
NanoLSI Associate? * NanoLSI Associates are alumni of the WISE program for Nano-Precision Medicine, Science, and Technology, at KU.		☐ Yes ☐ No		

(3) Questions Regarding Application Submission

Apply for support for travel & accommodation support?	☐ Yes ☐ No
Why do you want to use Bio-SPM technologies in NanoLSI? (max 3 lines)	
How did you find out about the NanoLSI Bio-SPM Collaborative Research Program? ☐ Research papers ☐ Conference presentations ☐ Acquaintance ☐ NanoLSI's website ☐ Other (Please specify _____)	
Have you contacted a NanoLSI faculty member to discuss the feasibility of this research proposal?	
☐ Yes ☐ No	If "yes," please write the name(s) of the contacted person(s). (Our students should not be listed.)

(4) Research Project Team (List of Collaborating Researchers)

List all participants except NanoLSI faculty. Add more fields if necessary.

Only the PI and Collaborating researcher(s) listed below will be eligible for reimbursement of travel expenses.

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

*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)
	Total Number of Days	day(s)

*Increase fields if more space is needed.

*Fill in the total number of days you plan to stay at NanoLSI. The total days should be less than **40 days** for regular application, and between **30 and 90 days** for the Extended Visiting Track.

*Visit should be completed by the end of January 29, 2027.

* Travel expenses cannot be covered for undergraduate students.

(6) Pledge for Student Accidents

Submit the original signed copy after adoption.

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/2026

*Refer to Application Guidelines "3. Others (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. Submit the original signed copy after adoption.

☐	All information provided in this application is accurate to the best of the applicant's knowledge.
☐	My research project team will carry out experiments safely and not bring dangerous items, chemicals, biological samples, etc. to NanoLSI.
☐	My research project team will carefully use Bio-SPMs, related instruments, and accompanying items.
☐	My research project team will not conceal results obtained through this collaborative research and will open them to the public.
☐	When the results based on this collaborative research are expected to be included in a manuscript, etc. of research papers, my research project team will discuss co-authorship or acknowledgement with NanoLSI host researcher and obtain agreement in advance.
☐	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/2026

(8) Research Project Description

Fill in the following items using text and Figures/Tables while citing references (Up to 2 pages for regular applications and 3 pages for Extended Visiting Track)

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

(ii) Expected Results and Necessity of using the Bio-SPM

(iii) Research Plans and Methods

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

(iv) Experience with Bio-SPM observations (optional)

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

Optional Section (For Urgent Applicants Only)

(9) Urgent application

Applicants applying during the First or Second Application Period are **NOT** required to complete this section.

If you wish to apply outside the First or Second Application Period, prior approval from the host researcher is required.

Please note that Urgent Applications are more likely to be declined than regular applications due to limitations such as the availability of annual budget funds, equipment scheduling constraints, or the host researcher's schedule. Thank you for your understanding.

(i) Prospective Host Researcher

☐	Approval from the Prospective Host Researcher has been obtained.
Information on the Prospective Host Researcher	
Name	
Affiliation	

(ii) Reason for the Urgent Application

Please provide a brief explanation.
