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To the Director of RIMS

Research Subject:
Affiliation/Position:
Name of Committee chairperson:

Recommendation of RIMS Project Fellows

Name	
Affiliation	
Position	☐ Full-time Project specific researcher
(Type of Employment)	(Employment Period:1 year or less)
	☐ Part-time Researcher
	(Employment Period: Over 1 year up to 2 years)
Period of Employment	DD/MM/YYYY \sim DD/MM/YYYY
Reasons for recommend	ation: