Date:

To the Director of RIMS

Research Subject：

Affiliation/Position：

Name of Committee chairperson：

Recommendation of RIMS Project Fellows

|  |  |
| --- | --- |
| Name |  |
| Affiliation |  |
| Position(Type of Employment) | □ Full-time Project specific researcher (Employment Period:1 year or less）□ Part-time Researcher (Employment Period: Over 1 year up to 2 years） |
| Period of Employment | 　　　　DD/MM/YYYY　 ～　　DD/MM/YYYY |
| Reasons for recommendation: |