

Date:

To the Director of RIMS

Research Subject :

Affiliation/Position :

Name of Committee Chairperson :

RIMS Project Fellow Recommendation

Name	
Affiliation	
Position (Type of Employment)	<input type="checkbox"/> Full-time Project Specific Researcher (Employment Period: 1 year or less) <input type="checkbox"/> Part-time Researcher (Employment Period: 1 to 2 years)
Period of Employment	DD/MM/YYYY ~ DD/MM/YYYY
Reasons for Recommendation:	