（FORM2）

　　<month> <day>, 20XX

**Letter of Approval**

|  |  |
| --- | --- |
| Principal Investigator’s Name |  |
| Position/Affiliation |  |
| Position　　(mark 〇 in any of 1,2 and 3 ) |  | 1. Research fellow |
|  | 2. Medical staff member (excluding students and research students) |
|  | 3. JSPS research fellows-PD |
| Approval from the Leader, etc. of your research laboratory\*1（Signature or stamp） |  |
| Term of employment | <Month> <day>, <20xx> 　　～　　<Month> <day>, <20xx> |
| Working Hours | （　　　　）hours per week |
| Only when Research fellows apply for | 　Project name applicant engages  |  |
| Name of personnel expenses related to applicant(external funds, etc) |  |
| Confirmation by project leader＊2（Signature or stamp） |  |

\*1 Please check with the leader, etc. of your research laboratory that the applicant is able to do research on Q-PIT Support Program for Young Researchers.

\*2 Please check with the project leader that the research fellow is able to apply for Q-PIT Support Program for Young Researchers and accept supports when selected.