

Written Consent

To: Director of Institute for Molecular and Cellular Regulation

Address:

Affiliation:

Name of the Director or the Dean:

Position:

Name (Typed):

Name (signature):

I agree that the following collaborative study is carried out.

1. Project Members

| Classification | Position | Name | Remarks |
|------------------------|----------|------|---------|
| Principal Applicant | | | |
| Research Collaborators | | | |
| | | | |
| | | | |

2. Research Title:

3. Period of The Program:

April 1, 2024— March 31, 2025

