

## 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, 2026— March 31, 2027

