Certificate of Consent

To: Director General, Institute of Space and Astronautical Science,

Japan Aerospace Exploration Agency

I give our consent for the following graduate student of this institute to participate in research activities using the Inter-University Research System as part of his/her graduate education at this institution, in compliance with common laws and regulations, and the rules and regulations of the Japan Aerospace Exploration Agency (hereinafter referred to as "JAXA").

This consent ensures that the research activities, in which the graduate student below participates, are part of his/her graduate education at the institution, however, will be resubmitted if there is a change of supervisor, affiliation, etc. at the institution.

I understand that if research activities in which the following graduate student participates continue beyond the fiscal year, this consent will remain effective as long as the graduate student below holds his/her status as a student at this institution.

I also understand that the graduate student will receive the following benefits regarding Inter-University Research System from JAXA.

＊The Inter-University Research System Portal Site Account

＊Use of JAXA facilities and equipment provided for the Inter-University Research System that are necessary for participation in research activities

＊(Issuance of) ID cards necessary to enter Sagamihara Campus and use the facilities, etc. described in the preceding paragraph

＊Use of wireless LAN service on Sagamihara Campus

＊Use of Sagamihara Campus Researcher Accommodations (ISAS LODGE）

(The followings may be provided depending on the research activities he/she participates.)

＊Travel expenses in Japan in accordance with JAXA regulations only when the JAXA responsible party deems it necessary

＊Use of JAXA flight object such as Sounding Rocket and Scientific Balloon for the Inter-University Research System

I also understand that JAXA will require the graduate student below to attend necessary safety training courses, and hereby certify that he/she has the Personal Accident Insurance for Students Pursuing Education and Research "Gakkensai" and Liability Insurance Coupled with Gakkensai "Futaibaiseki" or equivalent insurances.

I promise to ensure that the graduate student will return his/her ID card to JAXA by its expiration date, which is no later than the end of the fiscal year.

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| Name of Graduate Student： |  |
| School year： |  |
| Affiliation： |  |

Date (YYYY/MM/DD)： / /

Affiliation：

Title of Department Head：

Name of Department Head： Signature：