

## 九州大学総合研究博物館考古及び古人骨標本・資料調査申請書

Request for access to the skeletal and archival collections at Kyushu University Museum

Date :

To Director of the Kyushu University Museum

I would like to request access to the skeletal collection at Kyushu University Museum in accordance with access policy and guidelines.

### ※閲覧者 Visitor

氏名 Name :

所属 Institution :

住所 address :

電話 Tel :

E-mail:

### ※紹介者 introducer

氏名 Name :

所属 Institution :

住所 Address :

### ※閲覧期間 Visiting period :

Year Month, Day Year, Month, Day

※閲覧方法 Methods : 計測 (Measurement) ・実測 (Survey) ・写真撮影 (Photograph) ・使用機器 (analyzer) ・その他 (others)

### ※研究課題名 Project title :

※研究成果発表予定 Plan of presentations of your research results : 口頭 Oral Presentation ・印刷 Publication ・その他 others ( ) 題目・学会名・学会誌名・巻号など具体的に記入。

Please indicate title of research project, name of the Association/Annual meeting, Name of the Journal, volume # etc.

署名 : A written Oath

I agree to comply with the rules and regulation set by access policy and guidelines of Kyushu University Museum.

signature :

\*You must submit this form at least 7days prior to your visit.

