

*** REQUEST TO MAKE CHANGES TO APPLICATION**

REPRESENTATIVE	
Family name	
First name	Sex:
Date of Birth (Y/M/D) 19 / /	
Nationality	Signature:
ORGANIZATION	
Official Position	
Name of Organization	
Address	
Tel:	Fax:
PROJECT	
Title of Project	

A request is hereby made to alter the Application in the following way(s).

CHANGES [Please circle the appropriate number(s).]		
1. Substance of Project	2. Process of Project	3. Budget Proposal
4. Research Personnel	5. Schedule (including postponement)	
6. Extension of schedule	7. Other (Please specify)	
DETAILS OF CHANGES		
REASONS		

To be completed by the Toyota Foundation

To: Mr./Ms.	
Your request for changes to the Project Proposal has been approved.	Date: / /
Remarks:	
	<hr/> Hiroshi Ito Managing Director, The Toyota Foundation

* Before you submit this form, please discuss details with program officer in charge of your project.

GL	PO