Student Support Project 2024 from Taki Plaza Future Creation Challenge-Actualizing Your Ideas Secondary Application Form

			S	ubmission	date:	y	m	(
	Student ID		Full					
	No.		Name					
		(School, Department, Graduate Major) Also state the name of the representative's academic supervisor if affiliated with a laboratory.						
Representative	Affiliation							
								or if
	Tolophono	amnated with a la	boratory.					
	Telephone No.			Email				
Drainat title	IVO.							
Project title								
Project overview								
Schedule/timelin	e for expected a	goal of the projec	t					
If activities have alre	eady started, also s	state achievements s	o far (if a	ny).				
Expected obstacles and possible solutions								
Expected expend	iture (details)							
*In principle, the gr								
equipment, etc. exce	-	n per item), travel e	xpenses, a	ınd rewards	to non-T	okyo T	ech	
members. Subject to	negotiation.							

If the project has received, or is expecting to receive, support from other parties, please state the name of the sponsor(s), the support period, and the amount.

- Describe the project as specifically as possible; application form can be multiple pages.
- Attach a list of all project participants (Full name, Student ID No., School, Phone No., Email address).