

Application for Use of Micro Data

Global COE Program

Faculty of Economics, Osaka University

6-1 Mihogaoka, Ibaraki-shi

Osaka, 567-0047

JAPAN

Applicant's name: _____

Affiliation (Department, University/Institution): _____

Position or (if student) Academic Year: _____

Email _____

Tel _____

I am applying for use of the following micro data.

Today's Date (dd/mm/yyyy): _____

Period of authorized use: 2 years from the day that the data are supplied.

Check the data you need.

- Preference Parameters Study (Japan)
- Preference Parameters Study (USA)
- Preference Parameters Study (China; Urban area / Panel)
- Preference Parameters Study (China; Urban area / Cross-sectional)
- Preference Parameters Study (China; Rural area / Cross-sectional)
- Preference Parameters Study (India; Urban area)
- Preference Parameters Study (India; Rural area)

Applicant's work address:

Tel: _____ Fax: _____ Email: _____

Supervisor (in case applicant is a student)

Name: _____ (signature) _____ Affiliation: _____ Position: _____

Tel: _____ Fax: _____ Email: _____

Reference from GCOE members (if applicable)

Name: _____ (signature) _____ Affiliation: _____ Position: _____

Tel: _____ Fax: _____ Email: _____

Written Pledge

1. I, the applicant, will use the micro data only for academic purposes. I agree to maintain confidentiality and will not identify the respondent(s). I understand that these micro data are made available to the applicant only and will not let others use the micro data.
 2. When I present research that uses the micro data, I will make the following acknowledgement:
<Preference Parameters Study>
“This research uses micro data from the Preference Parameters Study of Osaka University’s 21st Century COE Program ‘Behavioral Macrodynamics Based on Surveys and Experiments’ and its Global COE project ‘Human Behavior and Socioeconomic Dynamics’. I acknowledge the program/project’s contributors: Yoshiro Tsutsui, Fumio Ohtake, and Shinsuke Ikeda.”
 3. If there is any change regarding the content of this application, I will promptly notify the Global COE Program, ISER, Osaka University.
 4. At the end of the authorized period of use, I will erase the dataset. I will also submit a completed data use report form to the Global COE Program, ISER, Osaka University, as well as a copy of each publication or paper using the data.
 5. I understand that Osaka University will observe the following procedure and have no objection to it. In cases where false statements are contained in the application or these guidelines are violated, the University may cancel the agreement granting rights to the data and demand immediate return of the data. In addition, Osaka University will disclose the name of disqualified.
 6. I will follow any other directions.
 7. I take full responsibility for any adverse consequences to me of using these data.
- I agree to strictly observe the above pledge.

Your Name: _____

Signature: _____

Co-users

Name: _____

Signature: _____

Position/Academic Year: _____

Affiliation: _____

Name: _____

Signature: _____

Position/Academic Year: _____

Affiliation: _____

Name: _____

Signature: _____

Position/Academic Year: _____

Affiliation: _____

Name: _____

Signature: _____

Position/Academic Year: _____

Affiliation: _____

Applications without signatures will not be accepted.

Research Plan

Title:

Abstract (approx. 200 words)

Please submit the following application for Geographic codes if required.

Application for Geographical Codes

Global COE Program

Faculty of Economics, Osaka University

6-1 Mihogaoka, Ibaraki-shi

Osaka, 567-0047

JAPAN

Applicant's name: _____

Affiliation (Department, University/Institution): _____

Position or (if student) Academic Year: _____

I am applying for the use of geographic codes (Prefectures or municipal codes).

I will not disclose confidential details of these data.

1 Today's Date (dd/mm/yyyy): _____

Period of authorized use: 2 years from the day that the data are supplied.

2 Preference Parameters Study (Japan)(year) _____

3 Intended use of geographical codes.

Co-users

Name: _____

Signature: _____

Position/Academic Year: _____

Affiliation: _____

Name: _____

Signature: _____

Position/Academic Year: _____

Affiliation: _____

Name: _____

Signature: _____

Position/Academic Year: _____

Affiliation: _____

Supervisor (in case applicant is a student)

Name: _____ (signature) Affiliation: _____ Position: _____

Tel: _____ Fax: _____ Email: _____