

Application for Two-Year Extension in Authorized Period of Use of Micro Data

Institute of Social and Economic Research, 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 an extension in the period of authorized use of the micro data.

Extended period of authorized use: 2 years from the day that the authorization is granted.

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)

Supervisor (in case applicant is a student)

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 utilizes the micro data from the Preference Parameters Study of Osaka University's 21st Century COE Program 'Behavioral Macro-Dynamics Based on Surveys and Experiments', its Global COE project 'Human Behavior and Socioeconomic Dynamics' and JSPS KAKENHI 15H05728 'Behavioral-Economic Analysis of Long-Run Stagnation'.
3. If there is any change regarding the content of this application, I will promptly notify the Secretariat for Preference Parameters Study, 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 Secretariat for Preference Parameters Study, 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 from the Secretariat for Preference Parameters Study, ISER, Osaka University.
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)

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 the 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 received.
- 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: _____