(様式10)

**Evaluation by the Host Researcher**

(1) Name of fellow:

(2) Title of the Research Project:

(3) Duration (for two years): 　　 / 　/ 　- 　 / 　/

(year) (month) (day) (year) (month) (day)

Please tick one of the following boxes and comment about the implementation of the research plan and result achieved by fellow of the Hiroo Kaneda Research Grant.

☐Progress beyond expectation

☐As was expected

☐Less than expected, but certain degree of progress

☐Others ( 　　)

[Comment]

Name of Host Researcher:

Position and Affiliation:

Signature: