(Form 1)

**Co-author Consent Form**

　　　　　　　　　　　　　　　　　　　　　　　Date:

To Dean of Graduate School of Natural Science and Technology, Shimane University

Co-author:

Affiliation and Job Position:

Name:

Signature:

I hereby give my consent to the use of the co-authored paper as part of the doctoral thesis of Mr./Ms. (Name) that is being submitted to Shimane University for his/her doctoral degree application.

I certify that this paper has not been or will not be part of my doctoral thesis.

Title of Paper:

Names of Co-authors (List them all):

Name of Journal:

Volume, No., Pages:

Month and Year of Publication: