		Date of Application:	
(Month)/(Day)/(Year) TUFS-ICC User Account Application Form			
User Affiliation	☐Board member ☐Foreign teacher ☐Full-time clerical staff ☐Others (□ Full-time teacher □ P □ Foreign researcher (ILCAA) □ Part-time clerical staff)	Part-time teacher
Name (in kanji or katakana) Name (in Roman alphabet) Affiliation Telephone Number (Extension) Available period of User Account			
Desired TUFS-ICC ID Name First choice	Second choice	Third choice	
Desired E-mail Address (Full nam First choice		-	
 < Attention: When you make your accou Avertable characters: the letters a- ※Please use lowercase characters. ※The first character of your user ac Number of characters: mini:4, max You cannot use easy-to-guess accou Your user account name should be 	z (only lowercase characters), th ccount cannot be a number. :32. Int like single word or only famil	y name.	
of Information Collaboration Ce Vou may not obtain more than of Please complete this application	enter". one account. n and submit it to the designa ons is Monday. and permits y	rstood and consent to the "Regulation ted location. will be issued on Friday. Please obta	
Reception Use Only Date Received: Received by: Message:			