Date of Application: (Month) (Day), (Year)

User Account Application Form		
User Affiliation		□ Full-time teacher □ Part-time teacher □ Foreign researcher(ILCAA) □ Part-time clerical staff)
Name (in kanji or katakana)		
Name (in Roman alphabet)		
Affiliation		Room Number
Telephone Number (Extension)		
Available period of User Account		
■ Desired User Account Name	Q 11.	m · 1 1 ·
First choice	Second choice	Third choice
■ Desired E-mail Address (Full r First choice		
your account name using a maxi	mum of 32 characters con	ifferent from your e-mail address. Please create sisting of only the letters a–z, the digits 0–9, ".", acter of your user account cannot be a number.)
☐ By submitting this applicati	on, you agree that you ha	we understood and consent to the 'Regulations
Concerning the Use of Infor	mation Collaboration Cent	ter".
☐ You may not obtain more tha	an one account.	
☐ Please complete this applica	tion and submit it to the d	esignated location.
☐ The weekly cutoff for subm your permit at the location v		ermits will be issued on Friday. Please obtain application.
Reception Use Only		
Date Received: (Month) (Day), (Y	Vear)	
Received by:		
Message:		

Contact: icc-service@tufs.ac.jp