## □身分証・現住所を確認し、該当身分にチェック→該当の太枠に記入をお願いする』書館処理欄①

义

## Application for MG Card (Library ID Card) Issuance

To: Head Librarian, Meiji Gakuin University Library

I would like to apply for my "MG card" and "MyLibrary password" per the details provided below.

The personal information provided in this form will only be used for the purposes required for library use. Information will be handled according to "Meiji Gakuin University Protecting Personal Information Policy".

1. Please fill out the details inside this bold frame.

Date applied	(YYYY/MM/DD)//				
Application	□ New application				
category	□ Rene	□ Renewal (do not have MG card)			
	□ Renev		wal (have MG card)		
	□ Lost dur		g period of validity		
Name					
Kana			(Please write the Japanese syllabary if possible.)		
*not compulsory			(Please write the Japanese synabary it possible.)		
Address	Post code				
(Address in Japan)					
Tel			(You may give your mobile phone number.)		
e-mail					
C-man	(You ma	ay give	e either your university e-mail or your private/mobile phone e-mail.)		
Preferred place to	- Chinalana Librarra — Wababana Librarra				
receive		□ Shirokane Library □ Yokohama Library			
r		2.	Please fill out the details inside the bold frame next to the checked box.		
□1.Part-time lecture	er		Faculty, etc. *Please encircle the appropriate faculty.		
/ research user		$\rightarrow$	Letters, Economics, Sociology, Law, International Studies, Psychology, Liberal Arts, Graduate School, Other (		
大学非常勤講師· 研究利用者	•		MAIN ID/Academic Affairs WebServices ID ( )		
□2. Emeritus professor 名誉教授		$\rightarrow$	Faculty/department at time of retirement (		
□3. Yamanote Line		•			
Private Universi	itv		Affiliated university/student No. * Expiry date of ID/Student card		
Library Consort	Library Consortium		( )/(YYYY/MM/DD)		
山手線コンソーシアム					
☐4. Graduate or Master's					
and Doctor's degree			Alumni Association member no. (A 会員番号) /Former student no.		
	holder (including those who have fulfilled course		( )		
requirements)					
卒業生・修了生(満期退 学者も含む)					
		-			
☐5. Academic society collaboration		$\rightarrow$	Historical Society of English Studies in Japan /		
学協会連携			Japanese Association of Psychiatric Social Workers		
☐6. Student of Chal	llenge				
Community Col	_	$\rightarrow$	Name of department 所属部署名 社会連携課		
チャレンジコミ			Name of Supervisors 所属長名 (stamp*印)		
ィ在学生		1			

□7. One who completed Challenge Community College チャレンジコミュニティ修了生	$\rightarrow$	* Date completed:/ (YYYY/MM/DD)		
□8.Registered researcher 研究登録者	$\rightarrow$	Period of service*在職期間/ to/ (YYYY/MM/DD) (Longest: End of academic year)		
□9. Registered in school 学内登録者 □Temporary staff/Contractor/Casual Employee		* Not required if full-time teacher (with no tenure) at Junior/Senior High School  Name of department 所属部署名 Name of Supervisor 所属長名  (stamp*印)		
派遣・委託・アルバイト  □ Junior/senior high school, full-time teacher 中高専任・常勤  □Junior/senior high school, part-time teacher 中高非常勤	$\rightarrow$	* Stamp of supervisor not required if in possession of the following:  □ Teaching Staff ID (full-time teacher at Junior/senior high school)  □ ID from school's Personnel Department (part-time teacher at Junior/Senior High School)		
□10. Former employee 元専任教職員	<b>→</b>			
□11. Former part-time lecturer◆ * Those with continuous employment for at least 10 years 元非常勤講師 *勤続 10 年 以上の方	<b>→</b>	Faculty/department at time of retirement  ( )  Date of employment/_ Date of retirement/_ (YYYY/MM)		
□12. Corporate, other employees 法人等勤務員	<b>→</b>	□ Corporate Director □ Corporate Auditor □ Councilor □ Visiting Professor		
3. Please describe the purpose of use (only those with ◆ marks)				
Purpose of use: (exam	ple)	To gather materials for researching OO		