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.**

図書館処理欄①

□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

|  |  |
| --- | --- |
| Date applied | 　　　　　　(YYYY/MM/DD) 　 /　 /　  |
| Application category | □ New application　□ Renewal (do not have MG card）□ Renewal (have MG card)　 □ Lost during period of validity  |
| Name  |  |
| Kana \*not compulsory | (Please write the Japanese syllabary if possible.) |
| Address (Address in Japan) | Post code |
| Tel | (You may give your mobile phone number.) |
| e-mail | (You may give either your university e-mail or your private/mobile phone e-mail.) |
| Preferred place to receive | □ Shirokane Library　　□ Yokohama Library |

**2. Please fill out the details inside the bold frame next to the checked box.**

|  |  |  |
| --- | --- | --- |
| □1.Part-time lecturer/ research user大学非常勤講師・研究利用者 | **→** | Faculty, etc.　\*Please encircle the appropriate faculty.Letters, Economics, Sociology, Law, International Studies, Psychology, Liberal Arts, Graduate School, Other ( )MAIN ID/Academic Affairs WebServices ID (　　　　　　　　　　　) |
| □2. Emeritus professor名誉教授 | **→** | Faculty/department at time of retirement ( ) |
| □3. Yamanote Line Private University Library Consortium山手線コンソーシアム | **→** | Affiliated university/student No.(　　　　　　　　　　　　　　　　　) | \* Expiry date of ID/Student card\_\_\_\_/\_\_/\_\_(YYYY/MM/DD) |
| □4. Graduate or Master’s　and Doctor’s degree holder　(including those who have fulfilled course requirements)卒業生・修了生（満期退学者も含む） | **→** | Alumni Association member no. (A会員番号)　/Former student no. ( 　　　　 　) |
| □5. Academic society collaboration学協会連携 | **→** | Historical Society of English Studies in Japan / Japanese Association of Psychiatric Social Workers |
| □6. Student of Challenge Community Collegeチャレンジコミュニティ在学生 | **→** | Name of department所属部署名　社会連携課　　　　　　　　　Name of Supervisors所属長名　　　　　　　　　　　　(stamp\*印) |
| □7. One who completed Challenge Community Collegeチャレンジコミュニティ修了生 | **→** | \* Date completed: \_\_\_\_/\_\_/\_\_　(YYYY/MM/DD) |
| □8.Registered researcher研究登録者 | **→** | Period of service\*在職期間 \_\_\_\_/\_\_/\_\_ to \_\_\_\_/\_\_/\_\_　(YYYY/MM/DD)(Longest: End of academic year)　　\* Not required if full-time teacher at Junior/Senior High SchoolName of department所属部署名　　　　　　　　　　Name of Supervisor 所属長名　　　　　　　　　　　　(stamp\*印)\* 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) |
| □9. Registered in school　学内登録者□Temporary staff/Contractor/Casual Employee　派遣・委託・アルバイト□ Junior/senior high school, full-time teacher 中高専任□Junior/senior high school, part-time teacher中高非常勤 | **→** |

|  |  |  |
| --- | --- | --- |
| □10. Former employee元専任教職員 | **→** | Faculty/department at time of retirement ( )Date of employment 　\_\_/\_\_ Date of retirement 　\_\_/\_\_　(YYYY/MM) |
| □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 | **→****→** |
| □12. Corporate, other employees法人等勤務員 | □ Corporate Director　□ Corporate Auditor　□ Councilor □ Visiting Professor |

**3. Please describe the purpose of use (only those with ◆ marks)**

Purpose of use: (example) To gather materials for researching ○○