

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 category	<input type="checkbox"/> New application <input type="checkbox"/> Renewal (do not have MG card) <input type="checkbox"/> Renewal (have MG card) <input type="checkbox"/> 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	<input type="checkbox"/> Shirokane Library <input type="checkbox"/> Yokohama Library

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します

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

<input type="checkbox"/> 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, Mathematical Informatics, Liberal Arts, Graduate School, Other ()
<input type="checkbox"/> 2. Emeritus professor 名誉教授	→	MAIN ID/Academic Affairs WebServices ID ()
<input type="checkbox"/> 3. Yamanote Line Private University Library Consortium 山手線コンソーシアム	→	Faculty/department at time of retirement ()
<input type="checkbox"/> 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)	→	Affiliated university/student No. * Expiry date of ID/Student card () ____/____/____(YYYY/MM/DD)
<input type="checkbox"/> 5. Academic society collaboration 学協会連携	→	Alumni Association member no. (A 会員番号) /Former student no. ()
<input type="checkbox"/> 6. Student of Challenge Community College (Adv.) チャレンジコミュニティ(アドバンス)在学生	→	Historical Society of English Studies in Japan / Japanese Association of Psychiatric Social Workers
	→	Name of department 所属部署名 社会連携課 Name of Supervisors 所属長名 (stamp*印)

<input type="checkbox"/> 7. One who completed Challenge Community College (Adv.) チャレンジコミュニティ(アドバンス)修了生	→	* Date completed: ____/____/____ (YYYY/MM/DD)
<input type="checkbox"/> 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 School
<input type="checkbox"/> 9. Registered in school 学内登録者 <input type="checkbox"/> Temporary staff/Contractor/Casual Employee 派遣・委託・アルバイト <input type="checkbox"/> Junior/senior high school, full-time teacher 中高専任 <input type="checkbox"/> Junior/senior high school, part-time teacher 中高非常勤	→	Name 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: <input type="checkbox"/> Teaching Staff ID (full-time teacher at Junior/senior high school) <input type="checkbox"/> ID from school's Personnel Department (part-time teacher at Junior/Senior High School)
<input type="checkbox"/> 10. Former employee 元専任教職員	→	Faculty/department at time of retirement
<input type="checkbox"/> 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	→	(_____) Date of employment ____/____/____ Date of retirement ____/____/____ (YYYY/MM)
<input type="checkbox"/> 12. Corporate, other employees 法人等勤務員	→	<input type="checkbox"/> Corporate Director <input type="checkbox"/> Corporate Auditor <input type="checkbox"/> Councilor <input type="checkbox"/> Visiting Professor

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

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