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

User Account Application Form			
User Affiliation	☐Board member ☐Foreign teacher ☐Full-time clerical staff ☐Others (☐ Full-time teacher ☐ Part-time teacher ☐ Foreign researcher(ILCAA) ☐ Part-time clerical staff) ☐ manager's affiliation and signature	
Name (in kanji or katakana)			
Name (in Roman alphabet)			
Affiliation		Room Number	
Telephone Number (Extension)			
Available period of User Account			
■Desired User Account Name			
First choice	Second choice	Third choice	
■Desired E-mail Address (Full r First choice		·	
< Attention: When you make your acco			
		, the digits 0–9, " . ", " - " and " _ ".	
**Please use lowercase characters			
*The first character of your user			
• Number of characters: mini:4, ma			
You cannot use easy-to-guess according			
Your user account name should b	e different trom your e-man au	dress.	
	Notes		
		ave understood and consent to the "Regulations	
Concerning the Use of Informa		•	
☐ You may not obtain more than			
□ Please complete this application			
-		will be issued on Friday. Please obtain your permit	
at the location where you submitted your application.			
Reception Use Only			
Date Received: (Month) (Day), (Yea	ar)		
Received by:	Received by:		
Message:			

Tokyo University of Foreign Studies / Information Collaboration Center

Contact: icc-service@tufs.ac.jp