	Date of Ar	pplication:	
	-		(Month)/(Day)/(Year)
TUFS-	ICC User Account Application	on Form	
	(for Students)		
User Affiliation	□Program / Major / Year (Underg	raduate Scho	ool)
	□Major / Course (Graduate School	I)	
	□Others ()	
Student ID No.			
Name (in kanji or katakana)			
Name (in Roman alphabet)			
TUFS-ICC ID Name			
Reason for Application (Please D	escribe Briefly)		

Notes

- □ By submitting this application, you agree that you have understood and consent to the "Regulations Concerning the Use of Information Collaboration Center".
- $\hfill\square$ You may not obtain more than one account.
- □ Please complete this application and submit it to the designated location.
- □ The weekly cutoff for submissions is Monday, and permits will be issued on Friday. Please obtain your permit at the location where you submitted your application.

Reception Use Only

Date Received:
Received by:
Message:

Tokyo University of Foreign Studies / Information Collaboration Center icc-service@tufs.ac.jp