		Date of Application:	
TU	JFS-ICC User Account	(Month)/(Day) t Application Form)/(Year)
User Affiliation	☐Board member ☐Foreign teacher ☐Full-time clerical staff ☐Others (☐ Full-time teacher ☐ Part-time teacher	cher
Name (in kanji or katakana) Name (in Roman alphabet) Affiliation Telephone Number (Extension) Available period of User Account		Room Number	<u> </u>
■Desired TUFS-ICC ID Name First choice	Second choice	Third choice	_
Desired E-mail Address (Full name			_
 Attention: When you make your account acc	-z (only lowercase characters), th ccount cannot be a number. c:32. unt like single word or only family	ly name.	
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of Information Collaboration Ce ☐ You may not obtain more than of ☐ Please complete this application	enter". one account. n and submit it to the designa ions is Monday, and permits v	rstood and consent to the "Regulations Concerning	
Reception Use Only Date Received: Received by:			