		Date of Application	1:
	Password Change Form		(Month)/(Day)/(Year)
		_	
Application Category	□TUFS-ICC Password change □Network password change		
User Affiliation	□ Board member □ Foreign teacher □ Full-time clerical staff □ Others (☐ Full-time teacher ☐ Foreign researcher (ILC) ☐ Part-time clerical staff Manager's	☐ Part-time teacher AA) affiliation and sign
Name (in kanji or katakana)			
Name (in Roman alphabet)			
Affiliation		Room Number	
Telephone Number (Extension)		_	
Delivery place(way)	□Here		
	□Online (<u>Mail address:</u> ※ other than	n「@tufs.ac.jp」 (for "Passw	
TUFS Email address (or TUFS-ICC ID)	The mail address (@tufs.ac.jp) that you need to change		
■Reason for Application (briefly)			
	Notes		
☐ The weekly cutoff for sub	ication and submit it to the d missions is Monday, and per ere you submitted your appl	mits will be issued on Friday	ر. Please obtain your
Reception Use Only			
受付日: 年 月	日		
受付者:			
本人確認 :□()		