Form 1(Form no. 1)

July 1, 2019

**Application form for proxy registration of the Space Management System**

To Chief Director of facilities

Affiliation:

　　　　 　　Name:

Signature:

Extension:

I will entrust the registration for the Space Management System to the following person. I will also take over the necessary information for the registration and confirm the notification in person from the system after the registration is completed.

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|  | | Item list |
| Use application | | Purpose (required): Classification and application:  Name of the lab.:  Group user:  Organization: |
| Young researcher | | Area : Own area or public area  Classification and the number of users (the number of doctoral course students, postdoctoral fellows and assistant professors): |
| Preferred start date（dd/mm/yyyy） | | dd/mm/yyyy ～ |
| Proxy |  |  |
| Name | Signature: |
| Affiliation |  |
| Position |  |
| Tel. (Contact address) | Extension： 　　－  E-mail： |

※ Please contact our Facilities Management Division , Facilities Department for any questions.   
(Ito (90)-7116,7117)

※ Please submit this form to Facilities Use Section, Facilities Management Division, Facilities Department (The 2st floor of Ito public 2).

（official use only）

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| Date :  　　 The above application has been permitted.  　　　 Chief director of facilities  Official seal omitted | |
| Notes |  |

June 12, edition 2019