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 areaClassification 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 facilitiesOfficial seal omitted 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 |
| Notes |   |

June 12, edition 2019