China Medical University Library

Library Card Application

Application Date:

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| Last Name | First Name | Middle Name |
| Passport No./ARC(Alien Residence Certificate) No. |
| Email |
| Telephone (O) (H) (Cellphone) |
| Mailing Address |
| Recruitment Department |
| Categories | □ Alumni Department: Graduate Year: |
| □ Part-time Faculty □ Doctor in Training □ Research Assistant □ Exchange student□ Library Members □ OtherPosition Duration |
| □Faculty/Staff Spouses and Dependents (Faculty/Staff apply in person)Faculty/Staff Name: ID No.Department: Telephone |
| Notification | I, the undersigned, agree to abide by library rules. This card is non-transferable and may be used only by the individual indicated or pictured on the card.Requirements:1.a 1-inch recent photo and photocopy of the Identification Document(s), e.g., Certificate of Employment, Certificate of Degree or other related certificate.2.Part-time Faculty, Research Assistant should be countersigned by Office of Human Resources, authorized by Department Chief and to bear joint responsibility.Privacy Policy:The China Medical University Library gather information for the sole purpose of providing library services, if the information incomplete, It will not complete the application.Contact library:Telephone: (04)22053366 ext.1572 Email: circ@mail.cmu.edu.tw |
| Signature | Department Chief | Office of Human Resources |
| Library Staff Use Only |
| Status Confirmation | □ Part-time Faculty □ Doctor in Training □ Research Assistant □ Exchange student □ Library Members □ Other□ Faculty/Staff Spouses and Dependents |
| Identification Document(s) | * Certificate of Employment □ Certificate of Degree □ Other Related Certificate
 |
| Duration of Validity |
| Application Checked By Date |