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 □ Other  Position 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 | | | | | |