

# Application Form (Library Visit)

Date of application: year\_\_\_\_\_month\_\_\_\_\_day\_\_\_\_\_

Please fill out this form in English (or romaji).

Applicant's Name: \_\_\_\_\_ (Country / Region): \_\_\_\_\_

Institution / Organization: \_\_\_\_\_ Division / Department: \_\_\_\_\_

Address: (〒 \_\_\_\_\_ ) \_\_\_\_\_

Tel: \_\_\_\_\_ ( \_\_\_\_\_ ) Fax: \_\_\_\_\_ ( \_\_\_\_\_ )

Email: \_\_\_\_\_ @ \_\_\_\_\_

Proposed date for visit

• 1st preference : month\_\_\_\_\_day\_\_\_\_\_time\_\_\_\_\_:

• 2nd preference: month\_\_\_\_\_day\_\_\_\_\_time\_\_\_\_\_:

Number of visitors: \_\_\_\_\_

Purpose of visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you know about this library? \_\_\_\_\_

## Remarks

\*Please send this form via fax or email by two weeks before the date you prefer. We will confirm and reply to your request.

\*Please send this form in advance, if not, your request will not be accepted.

\*Only Wednesdays and Fridays are acceptable for visit except for closed days and entrance examination period.

(Please check open hours on our website).

\*If you will have companions, please make a brief nominal list and append it to this form.

\*Please bring your Identification Card with you.

\*Please make your visit in the library within 30 minutes.

\*You cannot read books, magazines or any other materials in the library.

\*Please do not take photos in the library or measure library facilities.

\*You are not allowed to enter the following areas: Gallery Space (1F) and Preservation (B1).

\*Please use public transportation to come to this university for there is no parking space in which vehicles can be parked.

**Note:** I have read and agreed with all the remarks written above and apply to visit your library.

Applicant's signature \_\_\_\_\_

Musashino Art University Museum&Library  
1-736 Ogawa-cho, Kodaira- shi,  
Tokyo 187-8505, Japan  
Tel 042(342)6004 FAX 042(342)6451

※図書館記入欄

責任者

/

[ ]

担当者

/

[ ]