Date of Application: Year   Month   Day

VPN (Virtual Private Network) Server Application Form

To:

Director
Center for Multimedia and Information Technologies
Kumamoto University

I hereby apply to use your center's VPN server as follows.

User Details

(furigana) Name		Job Title		Extension Number	
Affiliation	(Faculty)		(Department/Course)		
E-mail Address					

Person in Charge of Payment Details (Please do not forget to affix your seal.)

(furigana) Name		Seal	Job Title		Extension Number	
Affiliation	(Faculty)			(Department/ Course)		
	* If you belong to the Graduate School of Science and Technology, or the Faculty of Medical and Pharmaceutical Sciences, please be sure to check one of the boxes below. ・ Graduate School of Science and Technology (□ Engineering □ Science □ Full-time at the Graduate School) ・ Faculty of Medical and Pharmaceutial Sciences (□ Medicine □ Pharmaceuticals □ Hospital-related)					
E-mail Address						

———————————— For Center Use Only ————————————

VPN Server User Details

User Name		User Password	

VPN Client Configuration Information Details

I have approved the application above.

Date of Acceptance: Year   Month   Day

Hiroshi Nakano, Director
Center for Multimedia and Information Technologies

This Center provides information to users online. Please check our website frequently, because information we provide online includes rule changes and important notices regarding our server.
Our website address: http://www.cc.kumamoto-u.ac.jp/en