Application for Laboratory Use
in the Center for Multimedia and Information Technologies

/　　　/　　　(Year / Month / Day)

<table>
<tr><td rowspan="3">Academic advisor</td><td colspan="13">Faculty　　　　Department (ext.)

Name

* Please write the name of the teacher who actually instructs you.</td></tr>
<tr><td colspan="13">E-mail:</td></tr>
</table>

Academic advisor	Faculty　　　Department (ext.)
	Name
	* Please write the name of the teacher who actually instructs you.
	E-mail:
Payer	Faculty　　　Dept. (ext.)
	Name　　　　　　　　　Signature
	* Please indicate your position
	E-mail:

Laboratory Use Subject	Subject	
	Timetable Code	
	Dept. (Faculty) Year	No. of Students

Laboratory to be used	Center Laboratory I　　　　　Center Laboratory II

Period of use	Day　　　　Period

Dates of use	Month	4	5	6	7	8	9	10	11	12	1	2	3
	Day					Summer Vacation							

◆◇◆ Please write the exact dates the laboratory will be used as far as possible since the laboratory is open to any students when nobody is signed up to use the room. ◆◇◆

---------------------- Center staff will fill out the section below. (Do not remove.) ------------------

The above application is approved.
/　　　/　　　(Year / Month / Day)

Kumamoto University Center for Multimedia and Information Technologies
Director
Hiro~~Tsuyo~~shi
Nakano~~Usagawa~~

★ A class ID for online educational terminals is available. If needed, go to the page for the

Center laboratory → [Use of laboratory] → [Application for use]