

Application Form for Using WEB Management Commission Service

To Director of Center for Multimedia and Information Technologies

I hereby apply to use WEB management commission service.

Applicant (Please check this box if applicant and payer are same. →)

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

Payer

Name		Job Title		Extension Number	
Affiliation	(Faculty)	(Department/ Course)			
	*Place checkmark against items below if you are specialized in natural sciences or medical and pharmaceutical sciences				
	<input type="checkbox"/> Natural Sciences (<input type="checkbox"/> Engineering <input type="checkbox"/> Science <input type="checkbox"/> Graduate school) <input type="checkbox"/> Medical and Pharmaceutical Sciences (<input type="checkbox"/> Medicine <input type="checkbox"/> Pharmacy <input type="checkbox"/> University Hospital)				
E-mail					

WEB Server Application

Purpose of use		
Planned URI	http ://	
Form of use	<input type="checkbox"/> Shared model	<input type="checkbox"/> Exclusive model
SSL	<input type="checkbox"/> Unnecessary	<input type="checkbox"/> Necessary *only for exclusive model
Additional DISK	<input type="checkbox"/> Unnecessary	<input type="checkbox"/> Necessary (GB)

Upload (HP Building) PC Application

IP address	133. 95. .
Multiple registration	<input type="checkbox"/> Necessary ()

【Special note】

- Service will be renewed without reapplication procedures for subsequent years.
- Applicant will notify the center in the event of changes in registered contents or service cancellation.

_____ For Center use only _____

Information about WEB server configuration

Upload URL	http ://		
Log in ID		Password	

I approved this application.

Approval date:

Hiroshi Nakano
Director of Center for Multimedia and Information Technologies