

## Group Study Room Application Form

**Application Date:**

Name		ID/Library ID Number	
Institute		Present Position	
Telephone		Email	
Purpose			
Number of Users			
Name of Each User			
Desired Tenure	From ____ Year ____ Month ____ Date ____ Hour to ____ Date ____ Hour      Total ____ hours		

Notes:

- \*Please hand in this application form in person.
- \*Please contact the circulation desk for access to the group study room.
- \*For detailed information please contact: 2652-5284.

Below is for official only

討論室編號  承辦館員： _____	主管核章： _____
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