

Instructions:

1. Please complete Sections 1 and 2 and choose the applicable category.
2. Return completed form to the Library Circulation Desk.
3. Please bring TMU One Card and proof of address.

Visiting Scholar / Fellow

RA/TA

Other _____ (Please Specify)

[illegible]

By signing below, I agree that library privileges will be used for research, academic or course development purposes.

Applicant's Signature _____

Date _____

Section 2: Authorization (must be completed by the Chair/Director of the School/Department)

I am requesting that the Library extend borrowing privileges to the above applicant in the School /Department of _____ for the time period from _____ to _____ (up to one year).

Date *Date*

I understand that the School/Department's Office will be responsible for any outstanding library fines or penalties that may be incurred with this card.

* NOTE: For online access to library e-resources/my. torontomu set-up, please email CCS - help@torontomu.ca

Name (<i>please print</i>):	Surname:																				
	First Name:																				
Signature:		Title:																			
Date:																					

For Library Use ONLY		
Date Received:	Staff Initial:	Notes: