

Example

Institutional Repository Consent Form
(Doctoral Thesis)

Form 1

Day Month Year
00, 0, 2000

To: The Director of Kyushu Institute of Technology Library

Entry date

※Autograph only
No typing acceptable

Author (signature) Taro Kyukodai
Academic Supervisor (signature) Jiro Toshokan

I hereby grant permission to deposit my thesis in Kyushu Institute of Technology Academic Repository under the terms of 'Kyushu Institute of Technology Academic Repository Publication Utilization Consent Conditions'.

Details

Please fill in boxes.

Title	(Japanese) ex.九州工業大学学術機関リポジトリの構築		
	(English) ex. <i>Construction of academic organization repository at Kyushu Institute of Technology</i>		
Key words (Approximately 5~6).	<i>Repository</i>	<i>Kyutacar</i>	<i>Kyushu Institute of Technology</i>
	リポジトリ	九州工業大学	
Author Information:			
Name <u>Taro Kyukodai</u>			
Faculty <u>xxxxxxxx</u>		Departments <u>xxxxxxxx</u>	
Student No. <u>1 2 3 4 5 6 7 8</u>			
Contact: Address <u>1-1 Sensui-cho, Tobata-ku, Kitakyushu-shi, Fukuoka, 804-8550, JAPAN</u>			
Phone Number <u>093-884-0000</u>		E-mail <u>▲▲▲@△△△.△△.△△</u>	
Degree Conferral Date (schedule)	Day	Month	Year
	00,	0	, 20 00
Date of Release	After	Day	Month Year
			, 20
Remarks	(If you have any conditions on depositing, please write here.) ※Please fill in the date if there is specification.		

If no specification date appears here, depositing will be embarked promptly.

※Your Information is used only for relevant purposes of Kyushu Ins

Contact

Repository Manager, Information Management Unit, University Library,
Kyushu Institute of Technology
Ext. 2073 (Tobata campus) Email:kyutacar@jim.u.kyutech.ac.jp
Information HP: <http://www.lib.kyutech.ac.jp/kyutacar/>

Do not fill in the boxes below

For internal use of the library

番号	D -	受付日	/ /	登録日	/ /	handle	10228 /
授与年度	20 年度	学位記番号	(工 / 情工 / 生工) 博 (甲 / 乙) 第 号				