

Year_____ Month___ Day___

Department of Linguistics Use Permit Application

An introducer

Name (Fulltime faculty of Sophia Univ.) 印

(Seal or Signature)

Name

Address 〒.....

.....

Telephone / Email address

.....

University • Faculty • ID no.

or Office

.....

Telephone / Email address

Purpose of use

.....

Period of use Year_____ Month___Day___ ~ Year_____Month___Day___

Opening hours : Mon.-Fri. 10:00 a.m. ~ 11:30 a.m. • 12:30 p.m. ~ 5:00 p.m.

* In addition, temporary closure may take place.

* It must be renewed every school year.