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NCHU computer center Information Science Building RFID Access Application Form

No:

Apply Date (Y/M/D):			
Name		Employee/Student ID Number	
Job Title		Department	
Contact phone		<input type="checkbox"/> personal <input type="checkbox"/> Class (Please attach the file.)	
Location of Access Control Installation	<input type="checkbox"/> 1F Main Entrance <input type="checkbox"/> 1F Right Side Entrance <input type="checkbox"/> 2F 3rd PC classroom Corridor		
Reason			
Applicant Unit Supervisor signature			
Note			
Recipient:	Supervisor signature :		
Receive Date (Y/M/D):			
	Applicants who are not borrowing computing center classrooms for classes, please add the Department of Applied Mathematics. Applied Mathematics supervisor signature :		