

Date: _____ / _____ / _____

Application for Elsevier ScienceDirect Pay-Per-View Prepaid Service

To: Director of Osaka University Library

Name _____

I am applying for the use of Elsevier ScienceDirect Pay-Per-View prepaid service as detailed below.

Name		
Affiliation (Dept / Major / Lab)		
Position or Year of Master's/Doctoral Program		
Osaka University personal ID		
Email address registered with ScienceDirect	*This must be an address with the OU domain (osaka-u.ac.jp).	
Payment	Budget code (Payment will be made from management expenses grant)	Budget manager's seal
Email address of the budget manager (graduate students only)		

I will observe the following rules for use:

1. I will not share my ID / password with another person.
2. If there are any changes in the items provided above, I will inform the Library promptly.
3. When I leave the University, I will contact the library promptly and stop further use of this service.

* Personal information that the Library obtains will only be used to fulfill the purpose and to contact the applicant.

Please send this application to **Electronic Content Section, Main Library (on Toyonaka campus)**
via gakunaibin (on-campus mail).

For Library Use Only (図書館記入欄)

1. 受付年月日: _____ 年 _____ 月 _____ 日

2. 受付番号: _____