

Waseda University Repository Registration Application Form

To the Director of Waseda University Library

I request the registration of the academic information materials listed below on Waseda University Library's repository in accordance with the Waseda University Repository Internal Regulations.

Date (MM/DD/YY)	
Name	
Department	

Academic information materials

Title	
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I have obtained the consent and signatures of the rights holders below pursuant to Articles IX.2, IX.3, IX.4, and IX.5 of the Waseda University Repository Internal Regulations as they apply to this registration.

Check the applicable category	I hereby consent to the publication of the academic information material listed above. (Signature only)	Date of consent (MM/DD/YY)
<input type="checkbox"/> Joint author <input type="checkbox"/> Copyright holder <input type="checkbox"/> Portrait rights holder <input type="checkbox"/> Materials holder	Name _____	
<input type="checkbox"/> Joint author <input type="checkbox"/> Copyright holder <input type="checkbox"/> Portrait rights holder <input type="checkbox"/> Materials holder	Name _____	
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<input type="checkbox"/> Joint author <input type="checkbox"/> Copyright holder <input type="checkbox"/> Portrait rights holder <input type="checkbox"/> Materials holder	Name _____	

Attach additional sheets if there are more than six signees.