**ISTANBUL MEDIPOL UNIVERSITY**

**TO THE DEPARTMENT OF LIBRARY AND DOCUMENTATION**

I would like to benefit from the Istanbul Medipol University Library as an "external user"

for the purpose of.................................................... between the dates.....................................

I kindly request the necessary action to be taken.

**.../.../20...**

**Name-Surname Signature**

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| **ISTANBUL MEDIPOL UNIVERSITY****CENTRAL LIBRARY UTILIZATION RULES**❖ Our external users who will use the library for research purposes are only academicians who work as faculty members.❖ Our external users cannot benefit from the lending service and cannot take any materials out of the library.❖ Users can access databases from computers on campus. They cannot provide off-campus access.❖ Legal proceedings are initiated against users who damage any kind of material in the library and / or attempt to remove unauthorized material out of the library.❖ No group work or no audible work outside the designated areas is allowed.❖ Users are obliged to protect the good with them. Library cannot be held responsible for any theft, disappearance, etc. that will occur.❖ One cannot enter into the library with food or closed bottles except for water, tobacco products cannot be used.❖ Nothing is allowed to be recorded with devices such as camera, movie camera, etc. in the library without permission.❖ Personal belongings cannot be left in desks or individual study rooms.❖ The equipment (table, chair, etc.) in the library can only be moved by the staff.❖ Talking on the mobile phones is not allowed in the library. During the time in the library, mobile phones are set to silent mode.❖ If deemed necessary by the Department of Library and Documentation, the rules may be revised.❖ All users are obliged to follow the library rules.**I agree to abide by the above rules.****Date:****Name-Surname :****Signature:** | **EXTERNAL USER IDENTITY INFORMATION****NAME:****SURNAME:****GENDER:****ADDRESS:****PHONE:****PLACE OF BIRTH / DATE OF BIRTH:****TR IDENTIFICATION NO:*****IF HE/SHE IS AN EMPLOYED PERSON*****INSTITUTION NAME:****ADDRESS:****PHONE:****TITLE:****FUNCTION:*****IF HE/SHE IS A STUDENT*****UNIVERSITY / RESEARCH INSTITUTION:****FACULTY / INSTITUTE:****DEPARTMENT:**Employees of the institution are required to submit a copy of their corporate identity and graduate and doctorate students are required to submit copy of their student ID or student certificates.Applicants with this form can benefit from the Library as an external user for **up to 1 (one) year.**  If necessary, the application can be renewed at the end of the period.**THIS SECTION WILL BE FILLED BY THE DEPARTMENT OF LIBRARY AND DOCUMENTATION****DATE OF MEMBERSHIP:****MEMBERSHIP EXPIRATION DATE:****APPROVED BY:** |