MIC LIBRARY – ACCESS CARD APPLICATION

Please complete in **BLOCK CAPITALS** (answer all questions)

1. Date of Application: _____ **2. Title** (Ms., Mr., Dr., etc.) _____

3. SURNAME _____ **FIRST NAME**_____

4. LIMERICK ADDRESS   **ADDRESS** (Home/Other)

_____   _____
_____   _____
_____   _____
_____   _____

5. Telephone: _____   **Telephone:** _____

6. Email: _____   **Email:** _____

7. Are you a graduate of MIC?   Yes   No

    Last degree obtained and year _____

8. Are you currently a student/staff/BTIS member of
    University of Limerick (Please tick)   UL Student   UL Staff   BTIS member

    UL Student/Staff/BTIS number _____

9. Are you currently a student of
    another university/college   Yes   No

    Name of university/college _____

    Level/Year _____

12. Why do you need to use the Library? _____

_____

_____

_____

_____

_____

Please return to The Librarian, Mary Immaculate College, South Circular Road, Limerick.
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FOR STAFF USE

Approved: _____ **(Staff Initials + Date)**

Card No.: _____   Expiry Date _____

Card issued: _____ **(Staff Initials + Date)**