**Application for Registration of Repository - Agreement of Disclosure**

TO: Director of the Waseda University Library

TO: Dean, Waseda Business School Waseda University

DATE: 　　　　　　　/　　　　　　/

STUDENT ID: 　　　5 7

NAME:

PROJECT

ADVISOR:

This is to request a registration for Repository and give my consent for the publishing.

|  |  |
| --- | --- |
| TITLE OF THESIS  （Write it precisely） |  |

**１）The thesis stated above is to be open in GSC library**

**In principle, all thesis submitted by WBS students are available in GSC library.**

※However, if you have a special reason for not allowing access, you do not need to submit this form, but you must obtain approval from your advisor.

In such cases, the reason must be discussed with the advisor in advance, and the advisor must report to the WBS office.

※The thesis should be restricted to open only to the faculty, current students and alumni of GSC/GSA in principle.

**２）To be registered at the Waseda University Repository.**（Unless the thesis is private）

**Register　・Not register**　（←Please circle the word）

※Waseda University Repository is to electronically save and publish thesis by researchers/students at Waseda University.

This service makes it possible for public to search on the internet and have an access to your thesis freely. Please be advised to submit the form with your full consideration.

※If it is corresponding to bylaw of Waseda University Repository under Clause 2 to 5 in Article 9,please be sure to have a signature by claimant on the application form for the registration.

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| Please mark on relevant claimant's name. | I agree to disclose my academic information resources. (Hand Written Signature) | Date of Agreement |
| □ Coauthor　□ Owner of copyright  □ Owner of Portrait Rights  □ Person in possession | NAME： | /　　　/ |
| □ Coauthor　□ Owner of copyright  □ Owner of Portrait Rights  □ Person in possession | NAME： | /　　　/ |
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※If there are more than three claimant, please make a copy and write in (Separate sheet is acceptable.)