INTERNATIONAL MEDICAL UNIVERSITY
MALAYSIA

ALUMNI LIBRARY MEMBERSHIP REGISTRATION FORM

Name: _____ I/C No: _____

Batch: _____ Graduate of: IMU (MBBS) / PMS / U of Strathclyde
Please circle where appropriate

Address: _____

_____

E-mail: _____ Dates Required from :_____to_____

Tel: (House) _____ Mobile: _____

Present Employer / University: _____

Applicant's signature:

_____

I agree to be bound by the rules and regulations of IMU Library

Rules and Regulations

Alumni memberships are subject to the Library rules and regulations **(including Dress Code)**, and are responsible for any fines or replacement costs incurred. Your membership can be withdrawn if you infringe these rules.

Confirmation of Alumni Membership
Confirmed by Alumni Office: _____

Caution Deposit : RM400 (3 books for 7 days loan period)
PAID ☐ Confirmed by Finance Dept: _____

Temporary ID: RM10 (not refundable)
ISSUED ☐ Confirmed by SSD: _____

Virtua Patron Record
CREATED ☐ Confirmed by Library: _____

ICT Network / Email ID
CREATED ☐ Confirmed by IT Dept: _____

ID Assigned:	Date created:	Remarks:
Email address assigned:		
Assigned by:	Date Terminated:	Approved By:
(1)	(2)	

Checklist Check identification: □ Net mail acct: □ 'I' Drive (Pharmacy) □ User notified: □	Folders Home Dir: □ (ICT Manager, ICT Centre) ___

The form is to be returned to Alumni Office, Student Services Department