Mathematical Sciences Library After Hours Access Permission Form

I, ____________________________________________, recognize that as a Doctoral Candidate in the Mathematics Department, I am accorded the privilege of accessing the Mathematical Sciences Library outside of its normal operating hours. I recognize that this privilege will be revoked if I do NOT follow the rules outlined below:

1. All library materials removed from the library outside of normal operating hours will be recorded on an “After Hours Checkout Form” on the counter near the library door. The Title, Library of Congress call number, book barcode (which may be found affixed to the inside of the back cover), and the complete name of the library patron must be printed on the form.

2. The library may only be accessed after hours by faculty, post-doc fellows, and doctoral candidates. I understand that I may not allow access to the Mathematical Sciences Library to anyone who falls outside of those three categories.

3. The door to the Mathematical Sciences Library must not be propped open at any time.

4. Access behind the counter of the Mathematical Sciences Library is prohibited.

This form is valid for one year at which time it must be reviewed and renewed by the advisor and Math Library staff.

By signing this form, I assert that I understand fully my responsibility and privileges and promise to obey the guidelines above.

Student ____________________________________________ Date ____________________

This form should be signed by the Doctoral Student and submitted to the Director of Graduate Studies (DGS) of the Mathematics Department after passing the Qualifying Exam (both parts). The DGS should then submit it to the Math Library at the same time (or any time thereafter) that the student’s D1 form is filed, indicating that the student has passed the qualifying process.

Mathematics DGS ____________________________________ Date ____________________

Acknowledgement of Receipt of form

Math Grad Library Assistant _____________________________ Date ____________________

Annual Renewal signature(s)

Mathematics DGS ____________________________________ Date ____________________

Mathematics DGS ____________________________________ Date ____________________

Mathematics DGS ____________________________________ Date ____________________

Mathematics DGS ____________________________________ Date ____________________