



UNIVERSITY OF JOHANNESBURG LIBRARY

APPLICATION FOR A LETTER OF INTRODUCTION TO OTHER ACADEMIC LIBRARIES

Only available to Staff members, Masters and Doctoral Students.
Provisionally registered masters and doctoral students are not eligible for this service

PERSONAL DETAILS:

Title:	Full names:	Surname:
National / International ID:	Staff/Student No:	
Address:		
Postal Code:		
Tel No: (w)	Tel No: (h)	
Cell No:	Email:	

STUDY DETAILS:

Faculty:	Campus:
Department:	Course: Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> Staff <input type="checkbox"/>
Research Field / Title / Theme:	

LETTER OF INTRODUCTION REQUEST:

Name/s of library/libraries (≤ 2 institutions) for which the letter/s is/are required:

Motivation for application (Indicate the specific reason for the application):

Have you previously obtained letters of introduction: Yes No
If yes, for which libraries and which year?

Was the information librarian for the particular subject consulted? Yes No
Searches were conducted on databases:
(Specify):

ADMINISTRATION OF LETTER OF INTRODUCTION:

Do you require the letter(s) of introduction to be: (Choose one or more):

Posted to you? <input type="checkbox"/>	Available for personal collection? <input type="checkbox"/>
E-mailed to you? <input type="checkbox"/>	E-mail address: _____
Faxed to you? <input type="checkbox"/>	Fax number: _____

PERSONAL UNDERTAKING:

I undertake to:

1. Borrow only material that pertains to my study/research.
2. Adhere to the rules of the host library, including the payment of fines or administrative fees levied on overdue or lost books.
3. Take personal responsibility for any damage the host library may incur as a result of my use of any material of the host library's collection.
4. Pay compensation for such damage within 21 days.
5. Not demand training and research support from any staff from the host library

I understand that this application is valid for the current calendar year **ONLY**.

Signature of the Applicant: _____ Date: _____

DETAILS OF THE SUPERVISOR:

Name in print: _____ Email: _____

Contact details: Tel No.: _____ (work) Cell No.: _____

FOR OFFICE USE ONLY:

LIBRARY ACTIVITY:

CIRCULATION:

Is the applicant a registered client of the UJ Library?

Yes No

Has the applicant's patron record been updated regarding his/her commitment to the visiting Institution(s)?

Yes No

Borrowing activity of the client:

Regular Often Seldom Never

Controlled by: Name: _____ Signature: _____ Date: _____

INTER-LIBRARY LOAN USE:

Is the applicant a registered ILL client?

Yes No

Controlled by: Name: _____ Signature: _____ Date: _____

INFORMATION SKILLS:

Training completed of catalogue and databases Yes No

If yes, Specify: _____

RECOMMENDATION BY INFORMATION LIBRARIAN:

Approved: Not approved: Date: _____

Reason for not approving: _____

Name: _____ Signature: _____