Interviewing and filming application form

TO: Dean of the Graduate School of Information Science and Technology

Date of application: MM / DD /YYYY

Title・Name of faculty/researcher:

Department, Center, of IST:

\*Above section is for internal use only.

Please approve the interviewing/filming request from described media below.

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| Interview/Filming request form \*to be filled out by media | |
| Name of the faculty/researchers requesting to interview/film | ・Department:  ・Name・Title: |
| Details of the contact person | ・Company Name:  ・Name and title of the contact person: |
| Contact | ・Telephone:・E-mail Address: |
| Name of Publisher/Broadcasting Station |  |
| Scheduled date of publishing/broadcasting |  |
| Title of the program, journal, magazine |  |
| Purpose and outline of the interview/film shooting |  |
| Requested date and time |  |
| Requested location | □ Faculty/Researcher's office or Laboratory space  □Online (ZOOM, etc.)　□Telephone  □Other（　　　　　　　　　 　　 　　 　 ) |
| Remarks: Number of people and pieces of equipment needed for filming on campus. |  |

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