Cornell University
Graduate School
143 Caldwell Hall
Ithaca, NY 14853-2602

Reset form

Date _____

LIBRARY PRIVILEGES APPLICATION Form S3

INSTRUCTIONS

- Approval of this application provides you with full access to Cornell University libraries and all library services, including the ability to borrow materials, and use interlibrary loan, electronic resources, and reference materials.
- The fee for Library Privileges is $200 per term, payable at time of application directly to **Cornell University Library**.
- Apply once per academic year and indicate the duration of your request in the "Term" section below.
- You may apply for Library Privileges for one academic term or one year. After one year, you may apply for a renewal of up to one additional year (with letters of support from your Field and your special committee chair) for a total maximum of two years. No extension beyond two years will be granted.
- To be eligible for Library Privileges, you must:
  - ☐ Be a doctoral candidate in good academic standing
  - ☐ Have passed the A Exam
  - ☐ Be on approved leave
  - ☐ Have exhausted your funding guarantee
- Submit a letter from your special committee chair and DGS explaining the need and endorsing the request. Submit this completed form and payment to **Library Public Services Office, 116 Olin Library (between 8:30 a.m. and 4:30 p.m. M-Th and 8:30 a.m. and 3:30 p.m. Fri)**, and provide your graduate field assistant with a copy of the completed form.

BIOGRAPHICAL INFORMATION

Cornell ID number | NetID | E-mail address

Last name | First name | Middle initial

Field of Study | Date of A Exam

LEAVE DATES

☐ I am currently on approved leave.

Leave start date: _____ Expected return date: _____ Expected graduation date: _____

TERM

I am seeking Library Privileges for: Fall _____ (Year) Spring _____ (Year) Full academic year_____ (Years)

EXPLANATION

Please attach three letters:

1) A letter from the student applicant;
2) A letter from the applicant's Special Committee chair
3) A letter from the DGS

SIGNATURES OF APPROVAL

At a minimum, this form must be signed by your Special Committee Chair and your Field's Director of Graduate Studies.

Special Committee Chair name | NetID | Special Committee Chair signature | Date

Special Committee member name | NetID | Special Committee member signature | Date

Special Committee member name | NetID | Special Committee member signature | Date

Special Committee member name | NetID | Special Committee member signature | Date

Director of Graduate Studies name | NetID | Director of Graduate Studies signature | Date