



APPENDIX XXIV(D)

Letter of IntroductionPlease complete in **BLOCK CAPITALS** (answer all questions)

Date of Application	Title	FIRST NAME	SURNAME
POSTAL ADDRESS			
Telephone		Student Number	
Email			
Programme			
Year			
Name(s) of Library/Libraries intending to visit			
Have you checked that the material you require is not in Dublin Institute of Design?			
Research Area / Topic			

Signed	
Date	

Bring this letter to the reception of the library you are visiting to apply

PLEASE NOTE:

This application is not a guarantee that you will be accommodated in other libraries, especially during the busiest terms when facilities may be reserved for their own readers. It is advisable to check with the library before visiting.

FOR LIBRARY & FACULTY STAFF USE

Approved by (Lecturer)	
Approval Date	

Approved by (Librarian)	
Approval Date	
Student ID Checked	Yes / No

If you require any further information, please contact Dublin Institute of Design, 45 Kildare St, Dublin 2;

Phone **+353 1 679 0286**Email info@dublindesign.ie