

Library and Information Services Centre (LIBRIS)

National Institute of Education,
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APPLICATION FOR USE OF RESTRICTED TESTS

Name	Programme/AG
NIE Library Membership No.	Contact No./Email
Purpose for which test(s) will be used	Date

Test(s) required	Call No

Verification by Supervisor	
Name	Signature
Date	

Note: By submitting the information, you consent to the National Institute of Education (NIE) collecting, using, disclosing and/or processing the information for the purpose of administering and communicating to you on your application/request.