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| **事務室受付** |  | **事務室課長** | **事務長** | **医学研究科長** | **学　長** |
|  |  |  |  |  |  |

**年　　月　　日**

**退　学　願**

**順天堂大学　学長　殿**

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| **課　　程** | **大学院　医学研究科** | | **□ 修士課程　□ 博士課程** | | | |
| **所　　属** | **学** | | | | | |
| **学　　年** |  | **年** | | **（入学年　　　　　年）** | | |
| **学籍番号** |  | | | |  | |
| **氏　　名** |  | | | | | **㊞** |
| **指導教授** |  | | | | | **㊞** |

**この度、下記の理由により退学いたしたく、保証人連署をもってお願い申し上げます。**

**なお、学費未納の状態での退学については除籍となることについて、承諾致します。**

**記**

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| **１．退学希望年月日** | |  |  |  |  |  |  |  |  |
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| **２．理由** | | | | | | | | | |
|  | | | | | | | | | |
| **３．保証人記載欄** | | | | | | | | | |
| **保証人**  **住所** | **〒** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **保証人**  **氏名** |  | | | | | | **㊞** | | |