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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** |
|  |  |  |  |  |  |

**提出日/Date:　　　/　　/**

**復　学　願**

**Application for resumption of studies**

**順天堂大学　学長　殿**

**To the President of Juntendo University**

|  |  |
| --- | --- |
| **課　　程****Course of study** | **大学院　医学研究科 Gaduate School of Medicine** |
| [ ]  **修士課程Master's Program** | [ ]  **博士課程Doctoral Program** |
| **所属分野****Field of affiliation** |  |
| **学籍番号****Student Number** |  | **学　　年** **Academic Year** |  |
| **氏　　名****Name** |  | **印****Seal/Signature** |
| **指導教授****Academic Advisor** |  | **印****Seal/Signature** |

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

**I wish to resume my studies for the following reason(s), and I provide the co-signature of my guarantor.**

|  |
| --- |
| **１．休学期間 / Period of absence** |
| **／　　　　　　／** | **～** | **／　　　　　　／** |
| **２．復学希望年月日 / Desired date of return to University** |
|  | **／　　　　　　／** |
| **３．理由 / Reason** |
|  |
| **４．保証人記載欄 / To be completed by the guarantor** |
| **保証人住所** **Guarantor Address** | **〒** |
|  |
|  |
| **保証人氏名** **Guarantor Name** |  | **印****Seal/Signature** |

**※病気による休学をしていた場合は、原則として本学教員（医師）の作成した診断書を添付すること(順天堂大学大学院学則第29条)。**

 **If you were on a leave of absence due to illness, a medical certificate prepared by a faculty member (doctor) of the University must be attached in principle (Article 29 of the Juntendo University Graduate School Regulations).**