|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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).**