**提出日/Date:　　　/　　/**

**順天堂大学大学院医学研究科長　殿**

**To the Dean of the Graduate School of Medicine, Juntendo University Graduate School**

**大学院生の学外施設学修申請書**

**Application for Study at an Off-campus Location**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **申請年度****Application year** |  | 年度Academic year | **□ 新規/New****□ 継続/Continuing** |
|  | **所属****Affiliation** |  |
|  | **教 授 名****Name of Professor** |  | 印Seal/Signature |

**学外施設学修を下記の通り実施させて戴きたく、申請いたします。**

**I hereby apply to study at a site off-campus, as follows:**

1. **学外施設学修を希望する学生**

**Student who wishes to study at an off-campus location**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 学籍番号Student ID Number |  | 学 年Academic Year |  | 氏 名Name |  |

1. **学修題目・研究内容等（※学修計画書を添付すること。）**

**Topic of study and research content (\*Please attach a study plan)**

|  |  |  |
| --- | --- | --- |
|  | 学修題目Topic of study |  |
|  | 学修計画書（添付）Study Plan (attached) | □ | 学修計画書を別紙の通り添付しました。（別紙にて添付後、□欄をチェック☑してください。）I have attached a study plan separately. (Please put a check in the ☑ box after attaching on a separate sheet of paper.) |

1. **学修する外部施設の概要**

**Overview of the location of off-campus study**

|  |  |  |
| --- | --- | --- |
|  | 1）施 設 名Site name |  |
|  | 2）所在地Location | 住所Address |  |
| 電話　Telephone |  |
|  | 3）指導者Supervisor | 指導者名Name of supervisor |  |
| 所属部門等Affiliated department |  |
| 役職Position |  |
| 本学教員としての職制Position as a faculty member of the University |  |
|  | 4）学修期間Duration of study | /　　　/ | ～ | /　　　/ |  | ヵ月months |

※申請期間は最長で当該年度の3月31日までとなります。年度を越えて学修を行う場合には、年度毎に改めて申請する必要があります。

\* The maximum duration that can be applied for is up to March 31 of the current academic year. Students wishing to study off-campus beyond the current year should submit a new application for each academic year.

※学修期間終了後、学修報告書を下記事務局に提出すること。

\* A study report must be submitted to the following office at the end of the study period.

【提出先：本郷・お茶の水キャンパス事務室 教務課（医学研究科担当）】

[Submit to: Hongo/Ochanomizu Campus Office, Academic Affairs Section (Graduate School of Medicine)]

**学修計画書 / Study Plan**

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| --- | --- | --- | --- |
| 学籍番号Student ID Number |  | 所　属Affiliation |  |
| 氏名Name |  |
| 学修期間Duration of study | /　　　/ | ～ | /　　　/ |  | ヵ月months |
| ※申請年度についてのみ記入。来年度も延長して学外施設学修を行う場合には、再度申請を行ってください。\* Complete only for the year of application. Should you wish to extend your off-campus study beyond the current academic year, please submit this application again. |
| 学修題目Topic of study |  |

|  |  |
| --- | --- |
| 研究内容Research Content | ※申請年度の学修計画について、具体・詳細に記入してください。）\* Please provide specific and detailed information about your study plan for the year of application※できるかぎり、期間・時間帯についても記入してください）\* To the extent possible, please also provide details of the duration and time period |
|  |