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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:　　　/　　/**

**転　科　願**

**Application to change course of study**

**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** |

**下記により、転科を希望しますので、ご許可くださるようお願いいたします。**

**I hereby apply for permission to transfer to a different course, as follows:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **１．転科希望学科目名**  **/ Name of desired course of study** | |  | | | | | | | |
| **２．転科希望年月日**  **/ Desired date of transfer** | |  | **年/Year** | |  | **月/Month** |  | | **日/Day** |
| **３．転科希望理由 / Reason for transfer** | | | | | | | | | |
|  | | | | | | | | | |
| **４．現指導教授の所見 / Opinion of the student's current academic advisor** | | | | | | | | | |
|  | | | | | | | | | |
|  | **指導教授氏名:**  **Name of Academic Advisor:** | | |  | | | | **印**  **Seal/Signature** | |
| **５．転科先指導教授の所見 / Opinion of the academic advisor for the course to be transferred to** | | | | | | | | | |
|  | | | | | | | | | |
|  | **指導教授氏名:**  **Name of Academic Advisor:** | | |  | | | | **印**  **Seal/Signature** | |