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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:　　　/　　/**

**休　学　願**

**Application for Leave of Absence**

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

**I hereby request a leave of absence from my studies for the reason(s) given below, and provide a guarantor's co-signature.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **１．休学希望期間 / Duration of requested leave of absence** | | | | |
| **／　　　　　　／** | | **～** | **／　　　　　　／** | |
| **２．理由 / Reason** | | | | |
|  | | | | |
| **３．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** |

**※病気による休学の場合は、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)。**

**In case of a leave of absence, 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).**