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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:　　　/　　/**

**退　学　願**

**Application for Withdrawal**

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

**なお、学費未納の状態での退学については除籍となることについて、承諾致します。**

**I hereby request to withdraw from the University for the reason(s) below, and I provide the co-signature of my guarantor.**

**I understand and acknowledge that I will be expelled from the University should I withdraw with tuition fees outstanding.**

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| **１．退学希望年月日 / Desired date of withdrawal** |
|  |  | **／** |  | **／** |  |
| **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** |