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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、転科を希望いたしますので、ご許可くださいますようお願いいたします。**

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

|  |  |
| --- | --- |
| **１．転科希望研究分野名****/ Name of desired field of research** |  |
| **２．転科希望年月日** **/ Desired date of transfer** |  | **／** |  | **／** |  |
| **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** |