**講義欠席届**

NOTIFICATION OF ABSENCE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 年  Year |  | 月  Month |  | 日  Day |

松本歯科大学長殿

To the President of Matsumoto Dental University,

|  |  |  |  |
| --- | --- | --- | --- |
| 大学院歯学独立研究科  Graduate School of Oral Medicine | | | |
| 学籍番号  Student ID No. | ID♯ | G | 番 |
| ふ　り　が　な |  | | ㊞  Signature |
| 氏名  Name in Full |  | |

下記のとおり講義を欠席したいので、届け出ます。

I hereby report of an absence as noted below.

記

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 科目名  Subject | ※該当する科目の□にチェックをつける / Check the applicable subject | | | | | | | | | | | | |
| □　口腔疾患制御再建学研究論 / Oral Disease and Tissue Engineering Research | | | | | | | | | | | | |
| □　医療・科学倫理学概論 / Morals and Ethics in Medical Practice and Biotechnology | | | | | | | | | | | | |
| □　口腔生命科学研究方法論 / Basic Oral Life Science | | | | | | | | | | | | |
| □　口腔生命科学臨床応用論 / Clinical Research in Oral and Maxillofacial Bioscience | | | | | | | | | | | | |
| 欠席期間  Term of absence | From | | | | | | To | | | | | | |
|  | 年  Year |  | 月  Month |  | 日～  Day | |  | 年  Year |  | 月  Month |  | 日  Day |
| 欠席の理由  Reason |  | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| 主指導教員  Chief academic advisor | 氏名  Name | ㊞  Signature |

備考 / Notes:

1.欠席の理由は、具体的に記入すること。

Write specific reason.

2.主指導教員の承認を得て届け出ること。

Get chief academic advisor’s consent.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | 研究科長 | 所属長 | 受　　付 |
|  |  |  |  |  |  |  |  |