**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,

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| 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

|  |  |
| --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |