**改姓（名）届**

**NOTIFICATION OF CHANGE OF NAME**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 |  | | |
| ※保証人が改姓(名)した場合に記入  In case of guarantor’s name change, enter own name. | | | | |
| 保証人氏名  Guarantor Name | |  | | ㊞  Signature |

下記のとおり改姓（名）しましたので、お届けいたします。

I hereby report a change of my name as noted below.

記

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ふ　り　が　な |  | | | | | | |
| 新氏名  New Name |  | | | | | | |
| 氏名英字綴  Name in Alphabet Spelling |  | | | | | | |
| 旧氏名  Previous Name |  | | | | | | |
| 変更日  Date of Change |  | 年  Year |  | 月  Month |  | 日  Day |  |

備考/ Note:

戸籍抄本を1通添付すること。

Attach a copy of the family registration.

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

|  |  |  |
| --- | --- | --- |
| 学生ﾃﾞｰﾀﾍﾞｰｽ入力日 | 入力者 | 確認 |
| 年　　　月　　　日 |  |  |