**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 |  |  |