**復学願**

**PETITION FOR RE-ENROLLMENT**

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| --- | --- | --- | --- | --- | --- |
|  | 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 |  | | | | |
| 生年月日  Date of Birth |  | | 年  Year |  | 月  Month | |  | 日  Day |

私は、下記のとおり復学したいので、許可くださるようお願いいたします。

I hereby submit a petition for re-enrollment for the following reason.

記

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| 復学の理由  Reason | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 復学年月日  Date of re-enrollment | | | | |  | | | | | 年  Year | |  | | 月  Month | |  | | 日  Day | | |  | | | | | | | |
| 休学期間  Term of leave of absence | | | | From | | | | | | | | | | | | | | | | To | | | | | | | | |
|  | | | | | 年  Year | |  | | 月  Month | |  | | 日～  Day | | |  | | | | 年  Year |  | 月  Month |  | 日  Day |
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| 復学後の住所  Contact address re-enrollment | | | 〒 | ‐ | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | TEL/Telephone  携帯/Cellular phone | | | | | （　　　　　　）  （　　　　　　） | | | | | | | | | | | | e-mail | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保証人（Ⅰ）  Guarantor (Ⅰ) | | | | | 氏名  Name | |  | | | | | | | | | | | | | | | Signature | | | | | |
|  | 保証人（Ⅱ）  Guarantor (Ⅱ) | | | | | 氏名  Name | |  | | | | | | | | | | | | | | | Signature | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
|  | 主指導教員  Academic advisor | | | | | 氏名  Name | |  | | | | | | | | | | | | | | | Signature | | | | | |

備考/ Noteｓ：

1.病気のため休学した場合は、修学に差し支えない旨の医師の診断書を添付すること。

In case of illness, attach certificates certifying doctor’s examination and recovery.

2.本人、保証人及び主指導教員の氏名については、自書すること。

Applicant, guarantor and academic advisor should enter their own name.

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| 事務局長 | 経理室 | 総　務 |  | 学長 | 研究科長 | 所属長 | 受　付 |
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| 学生ﾃﾞｰﾀﾍﾞｰｽ入力日 | 入力者 | 確認 |
| 年　　　月　　　日 |  |  |