**学費負担者変更届**

**NOTIFICATION OF CHANGE OF SCHOOL EXPENSES PAYER**

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

学費負担者を変更したいので、次のとおり届出します。

I hereby report a change of my school expenses payer as noted below.

記

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| 旧学費負担者  Previous Payer | | 氏名  Name |  | | | | | | | | | ㊞  Signature | | | |
|  | 本人との続柄  Relationship | | 本人 ・ 保証人Ⅰ ・ 保証人Ⅱ ・ その他  Self GuarantorⅠ GuarantorⅡ Other | | | | | |  |  | | | | |  |
| 新学費負担者  New Payer | | Name |  | | | | | | | | | ㊞  Signature | | | |
|  | | | | | | | | |
|  | 生年月日  Date of Birth | |  | | | 年  Year |  | 月  Month | | |  | | 日  Day |  | |
|  | 現住所  Address | | 〒 | － | | | | | | | | | | | |
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|  | 本人との続柄  Relationship | | 本人 ・ 保証人Ⅰ ・ 保証人Ⅱ ・ その他  Self GuarantorⅠ GuarantorⅡ Other | | | | | |  |  | | | | |  |
|  | 職業  Occupation | |  | | | | | | | | | | | | |
|  | 変更の理由  Reason | |  | | | | | | | | | | | | |

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|  |  | 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 |  |  |