**退学願**

**PETITION FOR WITHDRAWAL FROM SCHOOL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 |
|  | | | | | | | | | | |
| 住所  Address | 〒 |  | | | | | | | | |
|  | | | | | | | | | |
| TEL/Telephone  携帯/Cellular phone | | | （　　　　　　　）  （　　　　　　　） | | | | | | | |

私は、下記のとおり退学したいので、許可くださるようお願いいたします。

I hereby submit a petition for withdrawal from school for the following reason.

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| 退学の理由  Reason | |  | | | | | | | | | | |
| 退学年月日  Date of withdrawal from school | | | | |  | 年  Year |  | 月  Month |  | 日  Day | |  |
|  | | | | | | | | | | | | |
|  | 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.学生証を添えて提出すること。

Attach student identify card.

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 |
|  |  |  |  |  |  |  |  |

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