**単位取得退学願**

**Petition for Withdrawal from School with Credit Acquisition**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 | | | |
| 所　　　属  Department |  | | | | | 講座 | | | |
| 専攻分野  Major Field |  | | | | | | | | |
| 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、下記のとおり修了に必要な単位（30単位以上）を修得しましたので、当該年度限りで単位取得退学いたしたく、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 with credit acquisition, having acquired the necessary credits (more than 30 credits).

記

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| 単位取得退学年月日  Date of withdrawal from school |  | | 年  Year |  | 月  Month |  | | 日  Day |  |
| 主指導教員  Academic Advisor | 氏名  Name |  | | | | | ㊞  Signature | | |
| 以下記入不要/ For official use only | | | | | | | | | |
| 修得単位数  Number of acquirement credits |  | | | 単位  Credits | | | | | |

備考/ Noteｓ：

1.退学年度の1月末日までに提出すること。

Applicant should submit a petition for withdrawal from school with credit acquisition by the last day of January.

2.本人及び主指導教員の氏名については、自書すること。

Applicant and academic advisor should enter their own name.

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|  |  |  |  | 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 |  |  |