指導教員届

**NOTIFICATION OF ACADEMIC ADVISOR**

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| --- | --- | --- | --- | --- | --- | --- |
| 提出日 |  | 年  Year |  | 月  Month |  | 日  Day |

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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 |
| 氏名  Name in Full |  | | | ㊞  Signature | | |

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| --- | --- | --- | --- | --- |
| 専攻分野  Major field |  | | | |
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|  | | 氏名  Name | | 専攻分野  Major field |
| 主指導教員  Chief academic advisor | |  | ㊞ |  |
| 副指導教員  Vice academic advisor | |  | ㊞ |  |
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備考 / Noteｓ:

1.複数教員指導体制として副指導教員は2人以上（内１名は主指導教員と同専攻分野の教員）をあてること。

Choose a vice academic advisor for more than 2 persons.

2.副指導教員の選出にあたっては、主指導教員と十分に協議すること。

Confer with chief academic advisor when you choose a vice academic advisor.

3.指導教員の変更がある場合は、必ず指導教員変更届を提出すること。

If you changed academic advisor, you should submit a notice of change of academic advisor.

4.各指導教員の承認印を必ず得ること。

Get academic advisor’s consent and signature.