指導教員変更届

**NOTIFICATION OF CHANGE OF ACADEMIC ADVISOR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |
| ふ　り　が　な | |  | | | ㊞  Signature | |
| 氏名  Name in Full |  | | | |

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| 専攻分野  Major field |  | | |
| 主指導教員  Academic advisor | 氏名  Name |  | ㊞  Signature |

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| --- | --- | --- | --- | --- |
|  | 主・副の別  Chief or Vice advisor | 氏名  Name | | 専攻分野  Major field |
| 新指導教員  New  academic advisor | 主 ・ 副  Chief Vice |  | ㊞ |  |
| 主 ・ 副  Chief Vice |  | ㊞ |  |
| 主 ・ 副  Chief Vice |  | ㊞ |  |
| 旧指導教員  Previous  academic advisor | 主 ・ 副  Chief Vice |  | ㊞ |  |
| 主 ・ 副  Chief Vice |  | ㊞ |  |
| 主 ・ 副  Chief Vice |  | ㊞ |  |
| 理由  Reason |  | | | |

備考 / Note：

各指導教員の承認印を必ず得ること。

Get academic advisor’s consent and signature.

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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 |  |  |