指導教員変更届

**NOTIFICATION OF CHANGE OF ACADEMIC ADVISOR**

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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.

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