Notification of Return to Class (復学届)

To Dean of the Graduate School of Life Sciences, Personal details (to be filled in by the student) Admission year and course: Month Year Cours Student ID: Name: Address: Tel: Sign			Date						
Admission year and course:	To Dean of the Graduate School	ol of Life Sciences							
Student ID:Name:	Personal details (to be filled in by	the student)							
Address: Tel:	Admission year and course:	Month	Year	Course					
Parent / guardian's details (to be filled in by guardian) Name:	Student ID:	_ Name:							
Parent / guardian's details (to be filled in by guardian) Name:	Address:								
Name:									
Current address: Tel: Sign I am notifying of my return to class as follows. 1. Date of Return: Day Month Year 2. Permitted Leave of Absence Period: from (date) to (date) 4. Contact Address after Return (If there have been any changes, please change the information in the Students Affairs System)	Parent / guardian's details (to be f	illed in by guardian)							
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Address:	Students Affairs System)								
	Address:								
Tel: Email:	Tel:	Email:							

A person in charge fills in the following.

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	日本学生支援機構奨学金	E	有·無	奨学生	番号			異動	願(届)	提出済	月	目
	支援機構以外の奨学金	(EI)	有・無	奨学金	名称			異動	願(届)	提出済	月	日
	復学届受理日	(FI)	月	日								
	指導教員等に送付	(EII)	写し配	付済	月	日	教務委員会等報告	(EII)	幸	告済	月	月