

Notification of Return to Class (復学届)

Date _____

To Dean of the Graduate School of Life Sciences,

Personal details (to be filled in by the student)

Admission year and course: _____ Month _____ Year _____ Course _____

Student ID: _____ Name: _____

Address: _____

Tel: _____ Sign _____

Parent / guardian's details (to be filled in by guardian)

Name: _____ Relationship to the student: _____

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)

Address: _____

Tel: _____ Email: _____

A person in charge fills in the following.

日本学生支援機構奨学金	㊞	有・無	奨学生番号			異動願(届)	提出済	月	日
支援機構以外の奨学金	㊞	有・無	奨学金名称			異動願(届)	提出済	月	日
復学届受理日	㊞	月	日						
指導教員等に送付	㊞	写し配付済	月	日	教務委員会等報告	㊞	報告済	月	日