

Return to Class Request (復学願)

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 requesting to return to class from a permitted leave of absence period as follows.

1. **Date of Return:** _____ Day _____ Month _____ Year _____

2. **Reason for Return** (Please provide details. If your absence was due to an illness, please attach a medical certificate.)

3. **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.

Academic	
Advisor's	
Signature	

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	
復学願受理日	㊟	月	日							
学務情報システム	異動情報入力	㊟	入力済	月	日	教授会等承認登録	㊟	登録済	月	日
	入力確認	㊟	確認済	月	日	承認登録確認	㊟	確認済	月	日
前休学期間確認	㊟									