Date: Month: Year:

To the dean of the Graduate School of Frontier Biosciences, The University of Osaka:

Entrance year Student ID（32 ）

Name:

Address:

Phone:

Signature:

PETITION FOR LEAVE OF ABSENCE

I hereby submit a petition for a leave of absence during the time listed below for the following reason.

〔Reason〕circle the appropriate number

1. Reconsideration of career
2. Financial
3. Family matter
4. Diminished motivation for research
5. Illness (Please attach a doctors’ certificate)
6. Personal reason ( )
7. Study abroad/ Internship（Place: ）
8. Other (detail： )

〔Term of leave of absence〕

dd/mm/yy ~ dd/mm/yy （ months）

〔Contact address during leave of absence〕※In case of emergency and at the end of term

Address：

Email:

\* If you wish to take a leave of absence, please contact the FBS Educational Affairs in advance. Email: seimei-daigakuin@office.osaka-u.ac.jp

|  |  |
| --- | --- |
| Supervisor  | signature or seal  |

|  |  |  |
| --- | --- | --- |
| ※office use  | 日 付  | 担当者  |
| 学生異動登録入力  |   |   |

Submit this form to FBS Educational Affairs with the approval of your supervisor.