Request for Resumption of Studies

Year Month Day

Dean of the Graduate School of Frontier Biosciences, The University of Osaka:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student ID No.  | 3  | 2  | A  |   |   |   |   |   | Name  | *Seal* *or Signature* |

|  |  |
| --- | --- |
|  Year of Enrollment  |  Year Month  |
| Address | （〒 － ）  |
| Phone | Home： Mobile：  |
| Email |  |

 I would like to request approval for resumption of studies.

１．Reason

２．Date of Resumption Year Month 　Day

Reason for Leave

 　Approved Period of Leave Year Month Day ～ Year Month Day

 (Note) Attach Medical Certification if leave was taken due to illness.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supervisor | signature or seal |  | ※office use  | 日　付 | 担当者 |
| Submit this form to FBS Educational Affairs with the approval of your supervisor. | 学生異動登録入力 |  |  |