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 |  |  |