

# 復学願

Application for return from a leave of absence

Current date (Year-Month-Day)  
\_\_\_\_年\_\_月\_\_日

筑波大学大学院 理工情報生命学術院長 殿

Please circle the corresponding item.  
(入学 enrollment; 編入学 transfer to a doctoral program;  
転入学 transfer from another university; 再入学 readmission)

Student's information 本人 Academic year of enrollment 入学年度 \_\_\_\_年度 (入学) 編入学、転入学、再入学  
Program and grade year 所属・年次 理工情報生命学術院

Type of program 学位プログラム 第\_\_年次  
Program name システム情報工学研究群 博士課程 (前期) 後期、一貫制

Please circle the corresponding item.  
(前期 Master's program;  
後期 3-year doctoral program;  
一貫制 5-year doctoral program)

Student's name and seal/signature 学籍番号 \_\_\_\_\_ 氏名 \_\_\_\_\_ 印 (Seal)  
Current address 現住所 〒 (Postal code) \_\_\_\_\_

Telephone number 電話番号 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Mobile number 携帯番号 \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

International students may use their signature instead of a seal.

Scholarship status 奨学金受給状況 日本学生支援機構奨学金受給の有無 : 有・無  
Do you receive a scholarship from Japan Student Services Organization (JASSO)?  
その他奨学金 (奨学金名) : \_\_\_\_\_  
Scholarship from any other sources (Please identify the name of the scholarship program.)

下記により復学いたしたくご許可くださるようお願いします。  
I hereby request permission to return from a leave of absence as indicated below.

## 記

- Requested date of return 1 復学の年月日 \_\_\_\_年\_\_月\_\_日付 (Year-Month-Day)
- Reason for return from a leave of absence 2 復学の事由 \_\_\_\_\_  
(休学の事由 : \_\_\_\_\_)  
Reason for a leave of absence  
(病気回復の場合は、医師の診断書を添付すること。)  
A medical certificate of recovery is required if the leave of absence is due to a health problem.
- Approved leave of absence duration 3 休学許可の期間 \_\_\_\_年\_\_月\_\_日から \_\_\_\_年\_\_月\_\_日まで  
Start date (Year-Month-Day) End date (Year-Month-Day)

学位プログラムリーダー 確認印	指導教員 確認印
(Seal of the Chair of the program)	(Seal of the supervising faculty member)