

Notification of Return to Class (復学届)

Date _____

Dean of the Faculty of Agriculture/Graduate School of Agricultural Science

Personal details (to be filled in by the student)

Admission years and a course _____ Month _____ Year _____ Course _____

Student ID _____ Name _____

Address _____

Landline number _____ Cell phone number _____

Guardian's details (to be filled in by guardian)

Name _____ Relationship to the student _____

Current address _____

Tel _____

I am notifying of my return to class as follows.

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

2. Permitted Leave of Absence Period: from _____ (date) to _____ (date).

3. Contact Address after Return (If there have been any changes, please submit a Notification of Change in Personal Details.)

Tel _____ Email _____

A person in charge fills in the following.

日本学生支援機構奨学金	印	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	印	有・無	奨学金名称		異動願(届)	提出済	月 日
復学届受理日	印	月 日					
指導教員等に送付	印	写し配付済	月 日	教務委員会等報告	印	報告済	月 日