

Return to Class Request (復学願)

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 requesting to return to class from a permitted leave of absence period as follows.

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

2. Reason for Return (Please provide details. If your absence was due to an illness, please attach a medical certificate.)

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

4. 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.

Supervisor	
Course Head	
Class Head	

(Signature)

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	
復学願受理日	印	月 日						
学務情報 システム	異動情報入力	印	入力済	月 日	教授会等承認登録	印	登録済	月 日
	入力確認	印	確認済	月 日	承認登録確認	印	確認済	月 日
前休学期間確認	印	～						