	(YYYY/ MM/DD)
Notification of A Graduate School of Integrate	ed Sciences for Life
To the Dean of Graduate School of Integrated Scien	nces for Life
	Graduate School of Integrated Sciences for Life
	Program
Student Number	er
Name	Seal/Signature
I would like to request for an absence Session for the following reasons.	
Reason for Absences (Fill in the details)	
Note  This must be submitted to the Program Directo	r at least one week before the session
Direct of Capitalities to the Fregram Director	. 41.1540. 0110 11001. 201010 1110 00001011.

If you can not submit it by the deadline, you need to notify your Student Support Office.