

申請年月日 Date of Submission: _____年 _____月 _____日
(Year) (Month) (Day)

Seal of Supervisor	
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Request for Resumption of Studies

To Dean, Graduate School of Biomedical & Health Sciences, Hiroshima University

/ / /

Graduate School of Biomedical & Health Sciences (Doctoral Course/Master's course)

Major Student Number

Name