

Notification of Changed Family Name

To the President of Hiroshima University

School Graduate School Advanced Course _____

Department Program Cluster Major _____

Student Number _____

Name _____

Date of Birth _____

I wish to inform you that my family name changed on (Y /M /D).

New name

Previous name

Reasons for changing family name

Wish to continue using previous name

Yes No

Circle the correct one

Reasons for using previous name

Date of Submission _____

Signature of Student _____

Signature of Guardian _____

Note

The guardian must be in Japan, and should be a parent or someone closely related to the student in daily life.

The document must be signed by both the student and the guardian.

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※記載された個人情報は、改姓手続業務及び調査・統計を行う目的で利用するものであり、この目的以外で利用又は提供することはありません。

Personal information above will be used exclusively for changing family name and for statistical purposes.