

Date of Submission: \_\_\_\_\_  
(Year) (Month) (Day)

Submission: Date of \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

申請日

Seal of Supervisor

主指導教員の印

### Request for Leave of Absence

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

/ /

Graduate School of Biomedical and Health Sciences

Division Student Number

\_\_\_\_\_ Name \_\_\_\_\_

た うし  
I hereby submit a petition for a leave of absence during the period listed below.

本人が直筆で署名

Absence: Period of Leave of \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)

Reason: \_\_\_\_\_

Mailing Address to Receive the Letter of Permission: \_\_\_\_\_

例) 勤務の都合  
体調不良  
育児のため など  
× 「一身上の都合」は不可

\_\_\_\_\_ could be autographed by a student.

\_\_\_\_\_ Mailing Address to Receive

3.

International students have to make sure the followings:

Returning home during the leave of absence

Having obtained re-entry permit

Visa expir

**【注意】**  
■日付をさかのぼり許可することはできません。  
■休学を延長

Your personal information above will be used exclusively for the purpose of the procedure fo

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Submission: Date of \_\_\_\_\_  
(Year) (Month) (Day)

Seal of Supervisor	
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## Request for Leave of Absence

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Graduate School of Biomedical and Health Sciences  
Division Student Number  
\_\_\_\_\_  
Name

た うし  
I hereby submit a petition for a leave of absence during the period listed below.

Absence: Period of Leave of \_\_\_\_\_  
(Year) (Month) (Day) (Year) (Month) (Day)

Reason: \_\_\_\_\_

Mailing Address to Receive the Letter of Permission:

- Note
1. All names should be autographed by a student.
  - 2.
  3. International students have to make sure the followings:

Returning home during the leave of absence

Submission of

Having obtained re-entry permit

Visa expiration date

\_\_\_\_\_  
(Year) (Month) (Day)

Please make sure that your visa would not expire during leave of absence.



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