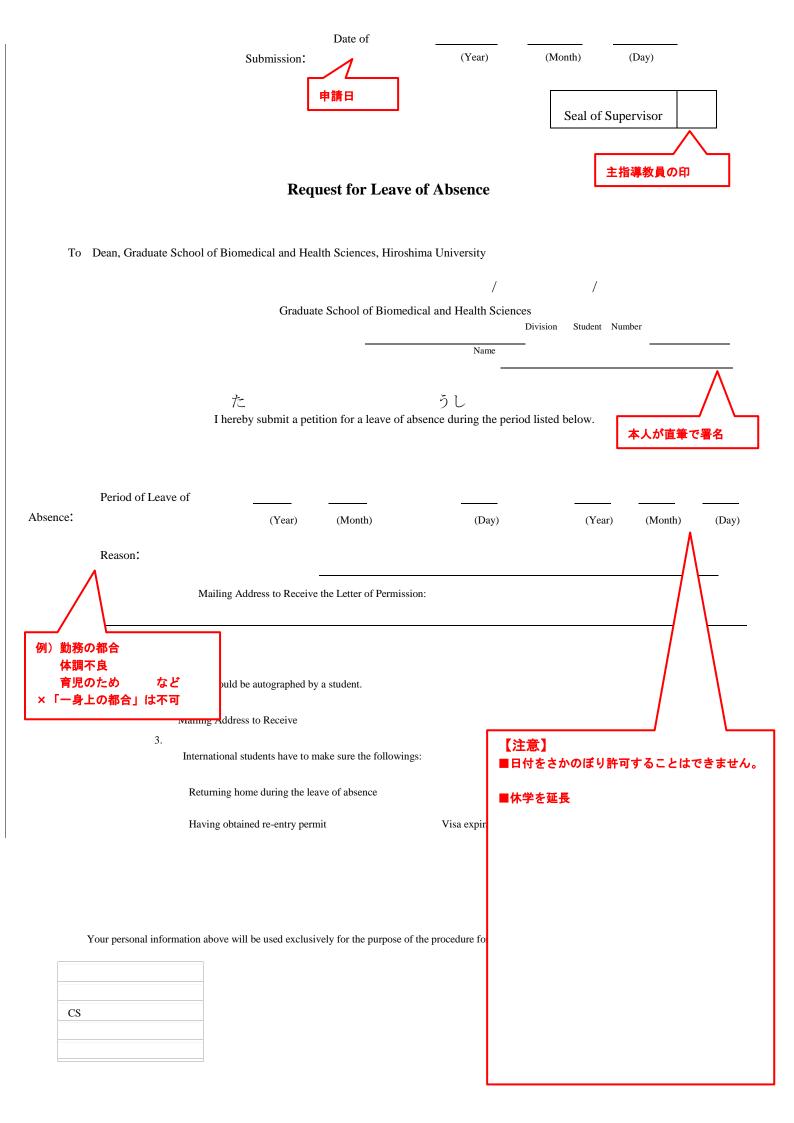
Date of Submission:	(Year)	(Month)	(Day)	_



Date of				
Submission:	(Year)	(Month)	(Day)	
		Seal of	Supervisor	
			1	

Request for Leave of Absence

То	Dean, G	raduate Sch	nool of Biome	edical and He	alth Sciences, H	Iiroshima Unive	ersity			
							/	/		
		Graduate School of Biomedical and Health Sciences								
							Div	vision Student	Number	
							Name			
			た			うし				
			I hereby	y submit a pe	tition for a leave	e of absence du	ring the period l	isted below.		
	Period	of Leave o	f							
Absence:				(Year)	(Month)		(Day)	(Year)	(Month)	(Day)
	Reasor	·•								
	Keasoi	1.								
			Mailing Add	dress to Receiv	e the Letter of Per	rmission:				
	Note	1.								
		All na	ames should be	autographed b	y a student.					
		2.								
		3.								
			ernational stude	ents have to ma	ake sure the follow	vings:				
					0.1					
			Returning hon	ne during the le	eave of absence	Subr	nission of			
			Having obtain	ed re-entry per	mit	Visa	expiration date	(Year)	(Month) (I	Day)

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

