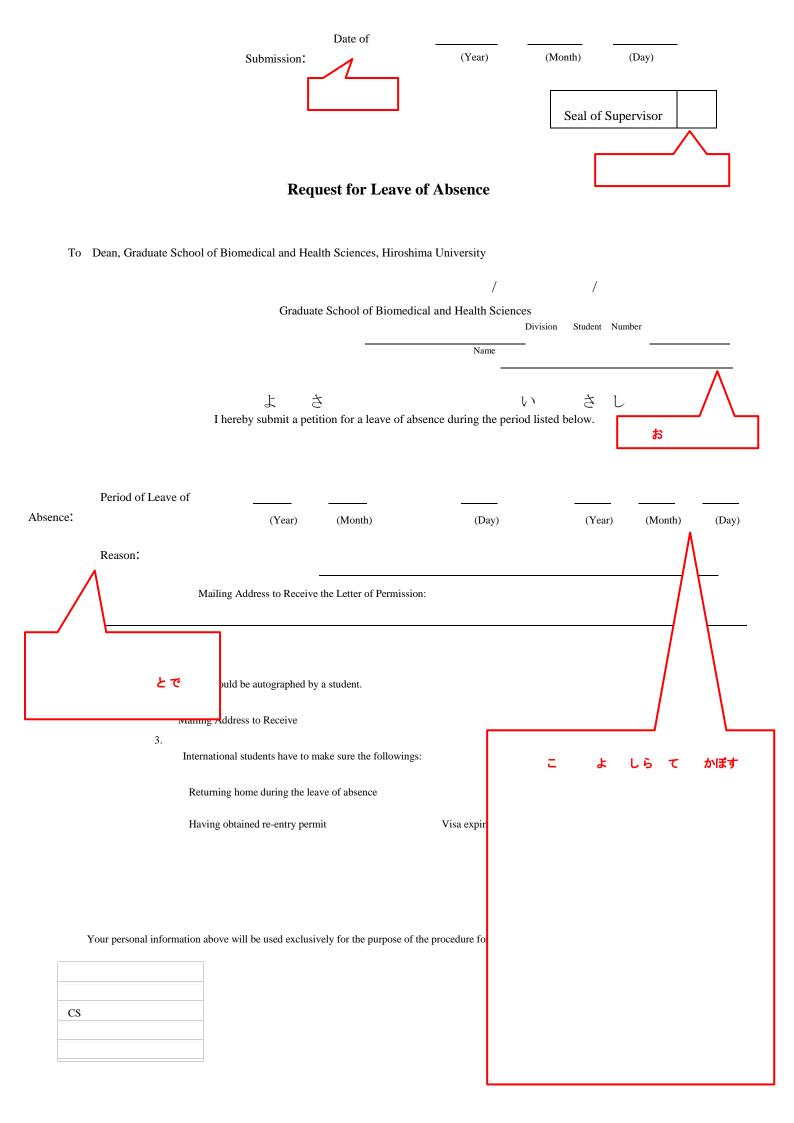
ing home during the leave of absence				
Having obtained re-entry permit	Visa expiration date	(Year)	(Month)	(Day)
	Please make su			

Date of Submission:

(Year)

(Month)

(Day)



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

Request for Leave of Absence

					oshima University					
					/		/			
	Graduate School of Biomedical and Health Sciences									
						Division	Student 1	Number		
					Name					
			よる	*		V	さ	L		
		I hereby si	ıbmit a pet	ition for a leave of	f absence during the pe	riod listed b	elow.			
	Period of Leave	of								
Absence:		_	(Year)	(Month)	(Day)		(Year)	(Moi	nth)	(Day)
					•					. •
	Reason:									
		Mailing Addres	e to Pacaiv	e the Letter of Permi	ecion:					_
		Manning Address	ss to Receive	e the Letter of Fermi	SSIOII.					
	Note 1.	names should be au	tographed b	v a student						
	2.	names snound be au	lographed b	y a student.						
	3.									
	Ir	iternational students	s have to ma	ke sure the following	gs:					
	Returning home during the leave of absence			Submission of						

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

