

Continued Leave of Absence Request

Date (yyyy, mm, dd): _____, _____, _____

To the President of the University of Yamanashi

Affiliation (e.g. faculty, graduate school, department / course of study, department, major, etc.)

Student number

Name seal

[Guaranter] Full Name seal

I would like to continue my leave of absence in accordance with the following and request that you permit me to do so, with a separate letter. 1. Doctor's certificate
2. Statement of reason

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Period of leave of absence permitted.

From _____, _____,
to _____, _____,

- (Reason) 1. Illness
2. Injury
3. Due to personal reason
4. Due to family reason

Period of continued absence from studies.

From _____, _____,
to _____, _____,

- (Reason) 1. Illness
2. Injury
3. Due to personal reason
4. Due to family reason

Address during leave of absence

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TEL

Address for sending leave of absence permit

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TEL

Opinion of your department/graduate school/faculty (see Note 1) 所属学部・大学院・専攻科の所見

氏名

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Submission of "Notification of Temporary leave" (only for International students).

令和 _____年 _____月 _____日

グローバル推進課事務担当者 (甲府C)
または学務課担当者 (医学部C)

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Confirmation of your departmental administrative officer 所属学部事務担当確認

令和 _____年 _____月 _____日

学部教務担当者

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(Note 1) For the "Opinion of your department/graduate school/faculty", it should be obtained in accordance with the following table of affiliation.

Undergraduate/ Graduate school, etc.	Course, Department, Division, Major, etc.	Persons in charge of filling in opinions	
Faculty of Education and Human Sciences Faculty of Education	Your course of study	For first-year students: the course representative For second-year students and above: the course representative or the teacher in charge of each department.	
Faculty of Medicine	Each department	Small class teacher	
Faculty of Engineering	Each department	Head of department	
Faculty of Life and Environmental Sciences	Each department	Head of department	
Graduate school of Education	Each course	※Head of department/course (must contact supervisor first)	
Graduate schools ○Department of Education Interdisciplinary Graduate School of Medicine and Engineering ○Integrated Graduate School of Medicine, Engineering, and Agricultural Sciences	Master's course	Department of Biomedical Science	Head of department
		Department of Nursing Science	Head of department
	Doctor's course	Department of Engineering	※Head of department/course (must contact supervisor first)
		Department of Life and Environmental Science	※Head of department/course (must contact supervisor first)
	Medical Sciences Field, Department of Human Health Care Studies, Human Environment and Biomedical Engineering Department, Bioenvironmental Studies Course/Medical Sciences, Department of Human Health Care Sciences, Integrated Applied Biosciences	Supervisor	
	Department, Biomedical Sciences Courses		
	Engineering Field, Department of Human Environment and Biomedical Engineering, Bioinformation Systems Course.	※Head of department/course (must contact supervisor first)	
	Department of Engineering, Integrated Applied Biosciences, Life and Agricultural Sciences Course and Biotechnology Course.	※Head of department/course (must contact supervisor first)	
Special Advanced Program in Special Support Education	Each course	Representative of course	

※The term 'head of department, etc.' refers to the representative teacher of the department or discipline to which you belong.

(Note 2) Scholarship recipients must complete the procedure at the scholarship office.