

Return to School 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] Name seal

(Reason)

1. Illness I was permitted to take a leave of absence
2. Injury
3. Due to personal reason from _____, _____, _____ until _____, _____, _____
4. Due to family reason but the reasons for the leave of absence have ceased, _____
so I would like to return to the University _____

from _____, _____, _____

(Note: In case of recovery from illness, a doctor's certificate should be attached.)

Addresses to which letters of permission to return to study should be sent.

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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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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 Department of Nursing Science	Head of department
		※Head of department/course (must contact supervisor first)
	Doctor's course 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 Department, Biomedical Sciences Courses	Supervisor
		※Head of department/course (must contact supervisor first)
Special Advanced Program in Special Support Education	Each course Engineering Field, Department of Human Environment and Biomedical Engineering, Bioinformation Systems Course. Department of Engineering, Integrated Applied Biosciences, Life and Agricultural Sciences Course and Biotechnology Course.	※Head of department/course (must contact supervisor first)
		※Head of department/course (must contact supervisor first)
	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.