

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

(Reason (Circle where applicable number))

1. Illness

I would like to take a leave of absence from _____ to _____

2. Injury

3. Due to personal reason

and request that you permit me to do so, { 1. Doctor's certificate

4. Due to family reason

with a separate letter { 2. Statement of reason

Resident address during absence 〒 _____ TEL _____

Address for sending leave of absence permits 〒 _____ 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 印

Tuition fee payment status / Scholarship Receiving Status 授業料納入状況 / 奨学金受給状況

令和 _____ 年度 期 (分納により _____ 月分 _____ 円) まで納入済

令和 _____ 年 _____ 月 _____ 日 会計課担当者 (甲府C) または管理課担当者 (医学部C) 印

令和 _____ 年度 期 授業料 全額免除 半額免除 (/) 免除 / 奨学金 有 無 後払

令和 _____ 年 _____ 月 _____ 日 会計課担当者 (甲府C) または学務課担当者 (医学部C) 印

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) 印

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 印

(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 | 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/course | Head of department/course | |
| 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 | |
| | | Department of Engineering | ※Head of department/course (must contact supervisor first) |
| | Doctor's course | Department of Life and Environmental Science | |
| | | 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 |
| | | 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) |
| 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.