

# Withdrawal 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)

1. Illness

2. Injury

3. Due to personal reason and request that you permit me to do so,

4. Due to family reason

I would like to withdraw from the university to

1. Doctor's certificate

with a separate letter 2. Statement of reason

Address for sending the withdrawal 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

印

Opinion of the Academic Student Committee members (only for Engineering students).

学域学生委員の所見（工学部学生のみ）

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

令和 年 月 日 学生支援課担当者（甲府C）  
または学務課担当者（医学部C） 印

グローバル推進課（留学生のみ） 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	
	Doctor's course	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 Department, Biomedical Sciences Courses	Supervisor
		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.

(Note 3) When submitting an application for withdrawal, the student's ID must be attached.