Return to School Request

Date	(уууу,	mm,	dd):		,	,
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To the President of the University of Yamanashi

	Affiliation (e.g. faculty, graduate school, / course of study, depart				
	Student number				
	Name	seal			
	[Guaranter] Name	seal			
(Reason) 1. Illness 2. Injury	I was permitted to take a leave of absence				
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 recov	ery from illness, a doctor's certificate should be at	tached.)			
Addresses to which letters	of permission to return to study should be sent. 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			
Confirmation of your depart	mental 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
Faculy of Education	Your cours	e 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 depar	tment	Small class teacher
Faculty of Engineering	Each department/course		Head of department/course
Faculty of Life and Environmetal Sciences	Each depar	tment	Head of department
Graduate school of Education	Each course		<pre>%Head of department/course (must contact supervisor first)</pre>
Graduate schools	Master's course	Department of Biomedical Science Department of Nursing Science Department of Engineering	Head of department **Head of department/course (must contact)
ODepartment of Education Interdisciplinary Graduate School of Medicine and Engineering OIntegrated Graduate School of Medicine, Engineering, and Agricultural Sciences	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 first) Supervisor
Agricultural Sciences		,	<pre>%Head of department/course (must contact supervisor first) %Head of department/course (must contact supervisor first)</pre>
Special Advanced Program in Special Support Education	Each course		Rpresentative 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.