

Seal of the Professor	
Seal of the Supervisor	

**Readmission Form**  
**【復学届(自己都合による休学からの復学)】**

Date: year\_\_\_\_\_month\_\_\_\_\_day\_\_\_\_\_

To: Dean of Graduate School of Medicine

Graduate School of Medicine Department\_\_\_\_\_

Year\_\_\_\_\_admitted/advanced/transferred: \_\_\_\_\_year student

Student ID No. 

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Name \_\_\_\_\_(Signature)\_\_\_\_\_

Address 〒\_\_\_\_\_ (Mobile) Phone\_\_\_\_\_

E-Mail \_\_\_\_\_

Although I am on leave of absence (FROM year\_\_\_\_\_month\_\_\_\_\_day\_\_\_\_\_ TO year\_\_\_\_\_month\_\_\_\_\_day\_\_\_\_\_), I have decided to return to the University on the date and the reason indicated below. I hereby request that you grant permission for readmission.

Date of readmission : year\_\_\_\_\_month\_\_\_\_\_day\_\_\_\_\_

Reason : \_\_\_\_\_

Note 1: After you submit a request, if you do not receive any response from the university by the date of readmission, it means that your request has been approved.  
 2: Signature may be replaced by printed name and seal.