

Seal of the Professor	
Seal of the Supervisor	

Request for Readmission
(Readmission after medical leave)
【復学願(病気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.

						-						-					
--	--	--	--	--	--	---	--	--	--	--	--	---	--	--	--	--	--

Name _____ (Signature) _____

Address 〒 _____ (Mobile) Phone _____

E-Mail _____

Although I am on leave of absence due to illness (FROM year _____ month _____ day _____ TO
year _____ month _____ day _____), I wish to return to the University on the date and for the reason indicated
below. I hereby request that you grant permission for readmission.

Date of readmission : year _____ month _____ day _____

Reason : _____

Note 1: This form must be accompanied by a Health Certificate (form designated by Kyoto University Health and
Medical Service).

2: After you submit a request, if you do not receive any response from the university before the date of
readmission, it means that your request has been approved.

3: Signature may be replaced by printed name and seal.