Seal of the Professor	
Seal of the Supervisor	

(Form No.6) **Request for Doctoral Student Withdrawal** with Research Guidance Approval 【研究指導認定退学願】

Supervisor				Date:	year	month	day		
To: Dean of Gra	duate School o	of Medicine							
				of <u>Medicine</u>	-				
			ar <u>a</u> ident ID No.	dvanced/transfe					
		Na	Name (Signature) Address ⊤ (Mobile) Phone						
		Ad							
		E-1							
I hereby request	doctoral stude	nt withdrawal	with research	guidance appro	oval, as ind	icated below			
• Date of with	ndrawal with re	search guidan	ce approval: y	earmon	th <u></u> da	ay			
• Date of with	drawal: y	/earmo	nth <u>d</u> ay	, <u> </u>					
• Provide deta	ails of your pla	ns after withdr	awal from the	University:					
 Tuition Paya Circle the approximately 	nent Status								
Tuition fo	or <u>Sem</u>	ester or	(month),	(year)	Paid / F	ull Exemption	0 n		
rest of the	semester will be	exempted. The	students who h	of the semester (A ave already paid we of Students Af	tuition fees				
				fice of Student A response from the					

withdrawal, it means that your request has been approved. 3: Signature may be replaced by printed name and seal.