(Form No. 7)

Seal of the Professor	
Seal of the Supervisor	

Death Notification 【死亡届】

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 _____

I hereby present notification that the above-named individual died of _____ on year_____month_____ day_____.

Notifier : _____ (Signature)_____

(Relationship with the Student:)

Present Address of Notifier : Postal Code: _____ Phone:_____

_____

Note 1: This form must be accompanied by a death certificate or any other document certifying the death, prepared by a physician.

2: 【Subject: Graduate students】

Tuition fees for the month of student's death is charged. However, tuition fees for the rest of the months of the semester will be exempted. For further details, please ask your Faculty/Graduate School's Student Affairs Office.