

Seal of the Professor	
Seal of the Supervisor	

**Notification of Change of Surname/Forename**  
**【改姓・改名届】**

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. 

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

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

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

I hereby present notification that I have changed my surname/forename, as stated below.

New Name : \_\_\_\_\_

Former Name : \_\_\_\_\_

Date of Change of Surname/Forename: year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_  
(Enter date on which you submit this form to the University.)

- Note 1: This form must be accompanied by a document verifying surname/forename change.
- 2: Signature may be replaced by printed name and seal.

\* Documents that verify surname/forename change must be submitted.  
The document should be official documents showing both new and former names, such as Passport.  
The original document will be returned to you after it has been photocopied.  
About necessary documents, if your notification is due to Gender Identity Disorder, please follow the Graduate School’s instruction.