

Seal of the Professor	
Seal of the Supervisor	

Request for Doctoral Student Withdrawal with Research Guidance Approval 【研究指導認定退学願】

Date: year _____ month _____ day _____

To: Dean of Graduate School of Medicine

Graduate School of Medicine Department _____

Year _____ advanced/transferred: _____ year student

Student ID No.

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Name _____ (Signature) _____

Address 〒 _____ (Mobile) Phone _____

E-Mail _____

I hereby request doctoral student withdrawal with research guidance approval, as indicated below.

◆ Date of withdrawal with research guidance approval: year 2025 month 9 day 30

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◆ Provide details of your plans after withdrawal from the University:

◆ Tuition Payment Status
Circle the applicable one.

Tuition for First Semester or _____ (month), 2025 (year) **Paid / Full Exemption**

*If you submit this form in the middle of the first month of the semester (April/October), your tuition fees for the rest of the semester will be exempted. The students who have already paid tuition fees can make a request to refund. For further details, please ask the Graduate School's Office of Students Affairs.

Note 1: Return your Student ID to the Graduate School's Office of Student Affairs while the card is valid.

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

3: If you wish to be noticed that your request has been approved, please inform the Graduate School's Office of Student Affairs.

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

Deadline : August 27, 2025