Application for Leave of Absence

						Date		
To Preside	ent of Kumamoto	University						
Name		(Signatu	(Signature)			_ Sex: Male / Female		
Student N	0.							
Enrolled i	n fiscal 20							
Category:	Faculty student /	Graduate schoo	l studen	t / Re	esearch st	udent (Circl	e the one	
that applie	s to you.)							
	culty of aduate school of Postal code:	Department of		urse	Major in	in	20	
Contact ac	ddress:		Phone:					
Name of g			(Signature)					
a	Postal code:				D.I			
	ddress:							
Under Join	nt signature with	my guarantor, I	hereby	apply	tor leave	e of absence	as follows.	
Details: _	•	☐ Travel overson /child rearing	eas (Cou	ıntry:		on of the co		
	. Signaturs must be	=		_				
2	2. Check \square for item	s in the "Reason"	" section	that	apply.			
	If "□ Other" app parentheses. 3. If "Illness" appli 4. If an item other t	es, a medical cer	tificate i	ssued	by a doct	or must be a	ttached.	
	"Details".	#PP	, - P			- F • •		
To be entered by the applicant	To be Tuition exemption: entered □ Currently applying by the □ Not applicable			Student dormitory: Currently applying Currently residing Not applicable Currently applying Currently receiving				
	Senoraromip [л 🗆 С	urren	tly suspen	ded □ Not a	oplicable	
* To be	entered Tuition	paid Academic	e data					

□ Entered

by university staff Yes No