

# Request for Permission to Resume studies

Date: \_\_\_\_\_

To President of Kumamoto University

Name \_\_\_\_\_ (Signature) \_\_\_\_\_ Sex: Male / Female

Student No. \_\_\_\_\_

Enrolled in fiscal 20\_\_

Category: Faculty student / Graduate school student / Research student (Circle the one that applies to you.)

Faculty of \_\_\_\_\_ Department of \_\_\_\_\_ Course Major in \_\_\_\_\_ in 20\_\_  
 Graduate school of \_\_\_\_\_

Postal code: \_\_\_\_\_

Contact address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of guarantor: \_\_\_\_\_ (Signature) \_\_\_\_\_

Postal code: \_\_\_\_\_

Contact address: \_\_\_\_\_ Phone: \_\_\_\_\_

Under joint signature with my guarantor, I request permission to resume studies from the university as follows.

Desired date to resume studies from the university: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Period of leave of absence: From Year Month Day to Year Month Day

Remarks: 1. Signatures must be provided by the relevant person.

* To be entered by university staff	Academic data
	<input type="checkbox"/> Entered