Request for Withdrawal

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		Major in	in 20___
Graduate school of		Course		

Postal code:

Contact address: _____ Phone: _____

Name of guarantor: _____ (Signature) _____

Postal code:

Contact address: _____ Phone: _____

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

　　　Desired date to withdraw from the university: _____

　　　Reason: ☐ Illness ☐ Economic situation ☐ Reconsideration of the course after graduation ☐ Loss of motivation to study ☐ Found employment ☐ Other (　　　　　　　　　　　　　　　　)

Details: _____

_____

_____

_____

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

　　　　2. Check ☐ for items in the "Reason" section that apply.

　　　　　If "☐ Other" applies, explain the reason briefly in the space between the parentheses.

　　　　3. If "Illness" applies, a medical certificate issued by a doctor must be attached.

　　　　4. If an item other than "Illness" applies, explain the reason in the space after "Details".

To be entered by the applicant	Tuition exemption: ☐ Currently applying ☐ Not applicable	Student dormitory: ☐ Currently applying ☐ Currently residing ☐ Not applicable
	Scholarship [　　　　　　　]	☐ Currently applying ☐ Currently receiving ☐ Currently suspended ☐ Not applicable

* To be entered by university staff	Tuition paid	Academic data
	☐ Yes 　 ☐ No	☐ Entered