Application for Leave of Absence

							Dat	· · ·	_
To Presid	ent of Kumam	oto Univers	sity						
Name			(Signature)				Sex: Male / Female		
Student N	Io		_						
Enrolled	in fiscal 20								
Category:	Faculty stude	nt / Gradua	ite school s	tude	ent / R	esearch	studen	t (Circle	the one
that applie	es to you.)								
	culty of raduate school o Postal cod	of	partment of	C	ourse	Major	in	in 20	0
Contact a	ddress:					Pho	one:		
Name of	guarantor <u>: </u>					(Signat	ure)		
a	Postal cod					D1			
	ddress:						one:		
Under joi	nt signature w	ith my guai	rantor, I he	reby	apply	tor lea	ive of a	bsence a	is follows.
R Details:	_	ss ⊔ Econo ion □ Trav birth /child	vel oversea	s (C	ountry:			the countribution:))
	1. Signaturs mu	_			-				
	2. Check □ for	items in the	"Reason" s	ectio	on that	apply.			
	If "□ Other' parentheses. 3. If "Illness" a 4. If an item oth	pplies, a me	edical certif	icate	issued	l by a do	octor mu	st be atta	iched.
	"Details".								
To be entered by the	Tuition exemp ☐ Currently a ☐ Not applica	pplying	□ Not applicable			applying able	ing □ Currently residing plying □ Currently receiving		
applicant	Scholarship []					Currently l Not app	
* To be	entered Tui	tion paid	Academic d	ata					

□ Entered

by university staff Yes No