

Request for a Leave of Absence

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| | 東京医科歯科大 President of Tokyo I | 学長 殿 Medical and Dental Universit | у | | | | 導教員認印 | |
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| | | Student ID No. | | 番 号 | 第 | | 7,27 | 号 |
| | | Student ID No. | 子 稍 | 田 ケ | | | | /5 |
| | | Name | 氏 | 名 | (N) 1-1 N = W | IB A . 1 | =a fa lampin) | <u>(*)</u> |
| | | Mobile Phone Number | 堆 | 託釆县 | (※)本人が自署 l - | しない場合は、 - | 記名押印して・ | ください。 |
| | | E-mail Address | 175 III FEL | 叫.田. 刁 | | @ | | |
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| | | Name of Guarantor | 保証グ | 、 | | | | ED) |
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Please state reasons for a leave of absence as specifically as possible.
 Please attach a medical certificate if you take a leave of absence due to

health issues.