(Attachment 1) ①

学位論文審査申請書**Application for Degree Dissertation Examination**

\_\_\_\_\_\_\_(year)\_\_\_\_\_\_\_(month)\_\_\_\_\_\_\_(day)

The Dean, Graduate School of Medical and Dental Sciences,

Admission year: (year)

Graduate School of Medical and Dental Sciences,

Department of

Name seal (\*)

(\*) If a signature is not used, please place your personal seal next to the name.

\* Please fill in one of the following

Doctor of Philosophy in Medical Science（医学）/Doctor of Philosophy in Dental Science（歯学）/Doctor of Philosophy（学術）

I would like to receive a dissertation examination for a ( \* ), so I am submitting my dissertation along with the required documentation in accordance with Article 7, paragraph 1 of Institute of Science Tokyo’s regulations.