(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.

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 the Institute of Science Tokyo’s regulations.