

10

Form

[Form 10-1]

Reasons for Staying at University Beyond Minimum Years

(Be sure to attach [Form10-2] Supervisor's comments with this form)

Note 1: Fill in the situation as of 1 April for the first semester and as of 1 October for the second semester.

Note 2: Read thoroughly the reverse side of this form before filling in.

Note 3: Additional documents may be requested if a review needs to be carefully conducted. Date: DD / MM / YYYY

Faculty / Graduate school	Degree	Department/ Course	Year of Enrollment	Grade	Student ID No.	
<input type="checkbox"/> Faculty of <input type="checkbox"/> Graduate School of	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Professional		Month/Year		Name	
					Phone Number	

1. Illness

Please submit the Medical Certificate (shows the medical treatment period) if the reason is caused by illness.

Name of illness: _____

Medical treatment Period: From DD / MM / YYYY to DD / MM / YYYY
 Leave of absence: From DD / MM / YYYY to DD / MM / YYYY

(Detailed description of your illness)

2. Studying Abroad

Place (Name of the country) : _____

Name of the university (institution): _____

Period of study: From DD / MM / YYYY to DD / MM / YYYY
 Leave of absence: From DD / MM / YYYY to DD / MM / YYYY

Type of overseas study program (Circle the applicable number)

(1) Government-sponsored (Japanese Government Scholarships *
 Including JASSO programs)

(2) Sponsored by public organizations
 Name of the organization: _____

(3) Exchange programs at University

(4) Privately-financed

3. Doctoral Thesis Preparation

※ Please note that students who have repeated the same grade or remained at school beyond their program's minimum year due to the doctoral thesis preparation for more than one year are NOT qualified. Master's thesis is also not applicable.

《Topic》

(Progress summary)

4. Other Reasons (Must fill in the following 4-1 to 4-3)

4-1. Check the box corresponding to your situation listed below.

Childbirth, childcare and nursing for family

Leaving of absence due to respond to a request from government and participate public projects (e.g. Japan Overseas Cooperation Volunteers, military service, etc.) *1

Required a lot of part-time work to cover school expenses (*except international students*)*2

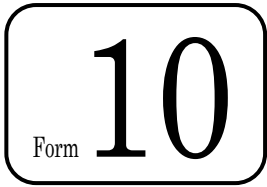
Deemed that the applicant may take more time to complete the study /research because of the disability.

*1 For internship, write include the institute, duration, relationship to your research, internship outline.
 *2 For part-time work (*except international students*), write include its necessity and working hours per week. Additional documents may be requested. In addition, for TA/RA/OA, submit a copy of working time table sheet shows total working hours in the period.

4-2. Complete the following timeline and reasons.

Academic Year (April to March)	Year in school	Main reasons to stay over (E.g. military service, child care, etc.) ※Otherwise write [in university].		Detailed description
20	1st	1 st semester (April)	2 nd semester (October)	
20	2nd			
20	3rd			
20	4th			
20	5th			

4-3. Write the leave of absence period. From _____ to _____ (DD/MM/YYYY)



Reasons for Staying at University Beyond Minimum Years
(Supervisor's comments on the statement)

指導教員の方へ

- ・申請者記入の〔様式10-1〕最短修業年限超過者等に係る事由書を確認の上、以下の1～3をご記入ください。
ご記入後、封筒（任意の形式）に入れて糊付けの上、申請者本人に渡してください。

To applicant's supervisor

Please read [Form10-1] 'Reasons for Staying at University Beyond Minimum Years' carefully filled by the applicants and then write the following 1 - 3 After filling in, enclose it into the envelope (no specific size and style) and seal it. Then please hand over the envelope to the applicants.

本人記入欄 For Applicants

Faculty / Graduate school	Degree	Department /Course	Year of Enrollment	Grade	Student ID No.	
<input type="checkbox"/> Faculty of <input type="checkbox"/> Graduate School of	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctoral <input type="checkbox"/> Professional		Month/Year		Name	

教員記入欄 For Supervisor use only

1. 申請者の最短修業年限超過事由等に対する指導教員等の所見
Supervisor's comments on the statement of the applicants

2. 今年度卒業・修了の見込み	有り ・ 無し
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(以下の3. 記入日・教員署名等もご記入ください。また、所見欄では不足する場合は、以下の余白にもご記入ください。)
Please fill in the date and signature below. If the above space is not enough for the comments, please use the blank space below.

3. 記入日・教員署名等 Date and signature

西暦 年 月 日
 year month day

(指導教員 Supervisor) 職名/名前 Official title /Name _____ 印