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Form	T	U

For Tuition exemptions

Reasons for Staying at University Beyond Minimum Years (Be sure to attach [Form10-2] Supervisor's comments with this form)

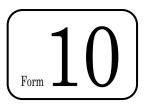
Note 1: Fill in the situation as of 1 April for the first semester and as of 1 October for the second semester. Note 2: Read thoroughly the reverse side of this form before filling in. Note 3: Additional documents may be requested if a review needs to be carefully conducted. Date: DD / MM / YYYY

Faculty / Graduate school □ Faculty of									
	Degree	Department/ Course		ar of ollment	Grade	ar of ollment Grade Student ID No.			
□Graduate School of	□ Bachelor's □ Master's □ Doctoral □ Professional		Month/Year			Name			
	use submit the Medical Co tment period) if the reason		nedical	2. Studying Abroad					
Name of illness:				Place (Name of the country) :					
							n):		
Medical treatment Period: From <u>DD / MM / YYYY</u> to <u>DD / MM / YYYY</u>				Name of the university (institution): Period of study: From <u>DD/MM/YYYY</u> to <u>DD/MM/YYYY</u>					
Leave of absence: From <u>DD / MM / YYYY</u> to <u>DD / MM / YYYY</u>					Leave of absence: From DD/MM/YYYY to DD/MM/YYYY				
(Detailed description of your illness)					 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 The % Please note that st	udents who have re	peated the same g							
«Topic»	thesis preparation	for <u>more than one</u>	e year ar	<u>e NOT qua</u>	<u>unned</u> . Mas	ter's thesis is also	o not applicable.		
(Progress summa	arv)								
1 Other Beas	ma (Must fill in	the following	4 _ 1 + a	4 - 9)					
4. Other Reaso $4 - 1$. Check the									
4 — 1 . Check the □ Childbirth, child	box correspondin care and nursing	g to your situat i for family	ion liste	d below.					
4 − 1 . Check the □ Childbirth, child □ Leaving of absen	box correspondin care and nursing ce due to respond	g to your situat for family to a request from	ion liste	d below.	d participa	ate public projec	ts (e.g. Japan Overseas		
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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	Enrollment	Grade	Student ID No.	
□ Faculty of □ Graduate School of	□Bachelor's □Master's □Doctoral □Professional		Month/Year		Name	
					Extension of research room	

教員記入欄 For Supervisor use only

1. 申請者の最短修業年限超過	東山笙に対す	てお道教員	「生の正	E			
(差し支えなければ、日本語でご記入いただけますと幸いです。)							
Supervisor's comments on	the stateme	nt of the a	pplican	ts			
					7		
2. 今年度卒業・修了の見込み	Ł	有り	•	無し			
(以下の3.記入日・教員署名		.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 s	signature b	elow If tl	ne aboy	ve snace is	not enough for the commer	nts	
please use the blank space	-		10 400	ve space is	not enough for the commer	100,	
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3. 記入日・教員署名等 Date a	ind signatur	.e					
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西暦 年 月							
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(指導教員 Supervisor)職約	名/名前 Offic	ial title /Na	ıme			印	