

専攻長 Head of Department	指導教員 Academic Advisor

## 退 学 願 望 Request for Withdrawal

\_\_\_\_\_年 \_\_\_\_月 \_\_\_\_日  
Year Month Day

東京大学大学院理学系研究科長 殿  
Dean of the Graduate School of Science, The University of Tokyo

学籍番号 Student ID No.	_____	氏名 Name	_____
入進学年月日等 Date of Enrollment / Advancement	_____年 ____月 ____日 Please check one ; <input type="checkbox"/> 入学 Enrollment <input type="checkbox"/> 進学 Advancement Year Month Day Please check one ; <input type="checkbox"/> 修士課程 Master's Program <input type="checkbox"/> 博士課程 Doctoral Program		
専攻名 Name of Department	_____		
住 所 Address	(〒 _____ )		
電 話 Phone	自宅 Home: _____	携帯 Mobile: _____	
メールアドレス E-mail	① _____ @ _____	② _____ @ _____	

私は、下記理由によって、\_\_\_\_\_年 \_\_\_\_月 \_\_\_\_日付けで退学したいので、許可願います。  
For the following reasons, I would like to request approval to withdraw from the program as of \_\_\_\_\_ (yyyy/mm/dd).

### 記 記

(理 由)  
Reason

- 単位取得退学を願い出る場合、左のにチェックを記入してください。  
Check the box if you would like to withdraw with satisfaction of credits and enrollment requirements.  
(博士課程に3年以上在学し、かつ、各専攻で定める必修科目を含め 20 単位以上修得している場合のみ)  
(Only if students have been enrolled in the Doctoral program for more than three years and obtained more than 20 credits including the compulsory courses designated by their department)

授業料 納付状況 Tuition Payment	_____年度 Academic Year	前期分 First Half	※ 納付済・未納・免除(全免・半免) Paid in full / unpaid / waived (fully waived / partly waived)	休学 Leave of Absence
		後期分 Latter Half	※ 納付済・未納・免除(全免・半免) Paid in full / unpaid / waived (fully waived / partly waived)	休学 Leave of Absence

- 注意 1. 就職する場合は、就職先、役職名等を必ず理由欄に記入のこと。  
Note If taking a job, enter the name of your employer and your position under "reason".  
2. ※印のところは、該当のところを○で囲むこと。  
Circle the appropriate option for the items marked with a ※

該当する場合は記載すること。To be filled if applicable.

日本学生支援機構 奨学生番号 Japan Student Services Organization Scholarship Recipient No.	_____	その他の 奨学会名 Other Scholarship Association	_____
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### 事務記入欄 For Office Use

授業料納付済確認 Confirmed Tuition Paid in Full	_____
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