

# Notification of Withdrawal from Nitobe College

Date :            /            /

To Principal of Nitobe College,

I would like to withdraw my registration from Honors Program with the following reason:

Student number	ID		Date of admission to Honors Program	( Month / Year )
Affiliation		Grade	Course ( MA / Prof. )    ___ Grade	
Family names, Given names	(Signature)			
Preferred date of Withdrawal	/            / ※ The notification must be submitted two (2) weeks before the date of withdrawal. ※ Permitted period of leave of absence from HU if applies: From    /    /    to    /    /			
Reason for withdrawal				
Contact information	〒            — E-mail: TEL:            —            —			

Permissions by your supervisors with signatures:

Signature 1: Nitobe College Specially Appointed Associate Professor	
Signature 2: Academic Supervisor	

Submit to:

Nitobe College Section, Nitobe College Office  
 Window No. 6, 1F, Institute for the Advancement of Higher Education  
 Kita 17 Nishi 8, Kita-ku, Sapporo 060-0817  
 TEL: 011-706-5596  
 E-mail: nitobe-school-office@academic.hokudai.ac.jp

※ Office use only

受理年月日 :            年            月            日	部会	<input type="checkbox"/>	受付担当	
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