

# Notification of Leave of Absence from Nitobe College

Date :        /        /

To Principal of Nitobe College,

I would like to take a leave of absence 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)		
Period of absence	From        /        /        to        /        / ※ The notification must be submitted two (2) weeks before the period of leave of absence. ※ Permitted period of leave of absence from HU if applies: From        /        /        to        /        /		
Reason for absence			
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](mailto: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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