

# Notification of Re-Enrollment in Nitobe College

Date :        /        /

To Principal of Nitobe College,

I would like to re-enroll in Honors Program with the following information:

Student number	ID	Date of admission to Honors Program	( Month / Year )
Affiliation		Grade	Course ( MA / Prof. )    ___ Grade
Family names, Given names	(Signature)		
Date of re-enrollment	/        / ※ The notification must be submitted two (2) weeks before the date of re-enrollment.		
Contact information	〒        — E-mail: TEL:        —        —		

Permission by your supervisor with signature:

Academic Supervisor	
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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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