新渡戸カレッジ 休止届

Notification of Leave of Absence from Nitobe College

新渡戸カレッジ校長　殿/ To Principal of Nitobe College,

|  |
| --- |
| 年・Year 月・Month 　 日・Day |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 学生番号  Student No. |  | 課程  Course | 修士　・　専門職学位  MA ・　Professional | | 学年  Grade |  |
| 氏 名  Family Names  Given names |  | 所属学院等  Affiliation | |  | | |
| E-mail |  | | | | | |

次のとおり、新渡戸カレッジオナーズプログラムを休止します。

I would like to take a leave of absence from Honors Program for the following reasons.

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| --- |
| 1. 入校期： 202　年度　春・秋入校 /　Enrollment: Spring ・ Fall Enrollment, 202 2. 期間/period： From 202 / / / to 202 / / / 3. 休止理由/Reason for the leave of absence   □ 所属学院等での必修の講義等と重複するため/ Overlapping to my compulsory course  □ その他/Other （理由/Reason） |

上記学生の履修休止について了承します / Permissions by the supervisors with signatures:

|  |  |  |
| --- | --- | --- |
| 特任教員 Nitobe College Specially Appointed Instructor | 教員名/ Name in block letter |  |
| 指導教員 Academic Supervisor | 教員名/ Name in block letter |  |

※電子サインも可（Electronic signatures will be fine）

【提出先Submit to:】

北海道大学　新渡戸カレッジ担当 高等教育推進機構1F ⑥番窓口

Window No. 6, 1F, Institute for the Advancement of Higher Education, Nitobe College Office

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