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| **事務室受付** |  | **事務室課長** | **事務長** | **医学研究科長** | **学　長** |
|  |  |  |  |  |  |

**年　　月　　日**

**転　科　願**

**順天堂大学　学長　殿**

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| --- | --- | --- | --- | --- | --- | --- |
| **課　　程** | **大学院　医学研究科** | | **□ 修士課程　□ 博士課程** | | | |
| **所　　属** | **学** | | | | | |
| **学　　年** |  | **年** | | **（入学年　　　　　年）** | | |
| **学籍番号** |  | | | |  | |
| **氏　　名** |  | | | | | **㊞** |

**下記により、転科を希望しますので、ご許可くださるようお願いいたします。**

**記**

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| **１．転科希望学科目名：** | | **学** | | | | | | | | | |
| **２．転科希望年月日：** | |  |  | **年**  **年** | |  | **月** |  | **日** |  | |
| **３．転科希望理由　：** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **４．現指導教授の所見：** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | **指導教授氏名：** | | | |  | | | | | |  |
| **５．転科先指導教授の所見：** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | **指導教授氏名：** | | | |  | | | | | |  |