Attachment item 8-1 (for Kou) (Regarding Article 13)

Date: YYYY/MM/DD

Doctoral dissertation review application

To the President of Shinshu University

Enrollment Year：

Shinshu University Graduate School of Medicine,

Science, and Technology

Department：

Division：

Registered Domicile (Prefecture Name)：

\* For foreign students, indicate nationality

Student Id Number：

Full Name：

In order to receive a doctoral degree (　　　　　), as I hereby submit the following documents according to Article 5, Paragraph 1 of the Shinshu University Degree Regulations, I would like to request to conduct the review.

Note

Doctoral Dissertation Copy (Copies)　(1 original copy included)

Doctoral Dissertation Summary Copy (Copies)

Published Article List Copy (Copies)

Curriculum Vitae Copy (Copies)

Other Reference Articles, etc. 　　Copy (Copies)