Attachment item 8-2 (for Otsu) (Regarding Article 33)

Doctoral dissertation review application

Date: YYYY/MM/DD

To Dean, Graduate School of Medicine, Science and Technology

Registered Domicile (Prefecture Name)：

\* For foreign students, indicate nationality.

Current Address：

Full Name：

To receive a doctoral degree (　　　　　) according to Article 5, Paragraph 2, of the Shinshu University Degree Regulations, I hereby submit the following documents with the review fee of 57,000 yen and request Shinshu University to conduct the dissertation review.

Note

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