Attachment item 8-3 (for Otsu) (Regarding Article 33)

[For applications who apply within 1 year after obtained the required credits and withdrew from the university]

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, and Article 7, Paragraph 3, of the Shinshu University Degree Regulations, I hereby submit the following documents and request Shinshu University to conduct the dissertation review.

Note

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