*	Submission deadline for adju	ustment of the tuition amou	ınt: April 30th for the S	Spring Semester, (October 31st for the
	Fall Semester				

* If you are planning to take a leave of absence for one year, submit one "Application for Leave of Absence" for each semester.

Application for Leave of Absence (Semester)

	Date of Submiss	ion:	(Year)	_ (Month)	(Day)
Att.: Dean of t	he Graduate School of Letters, Arts and Science	es			
Student					
School	Graduate School of Letters, Arts and Sciences	Major/Course			
Student Numbe	er .	School Year	Master's Progr		
Name			1		Seal
Address	Postal Code:				
Phone No.					
Guardian					
Name					Seal
Address Postal Code:					
Phone No.	* Both the student and guardian must sign and				
	to (Year) * Spring Semester: 4/1–9/20, Fall Semester: 9/2 for leave of absence:	(Month)) (Da	y)	
3. Approv	al by supervisor:				
	Name of supervisor:			Se	al
	owing sections only if the reason for your leadinguage training program or an internship.	ve of absence is	s for the pu	rpose of com	pleting
4. Country	y name and institution name:				
purchas	r's insurance specified by Waseda University: I te it / I have already purchased a different insurance pole	nce policy			
The following	is for administrative use only				
	Liaison Matters			Receptio	
				/	