	Submission Date: _	(1 ear)	(Monui)
Application for	or Withdrawal		
: Dean of the Graduate School of Letters, Arts and Scien	ices		
. Dean of the Graduate School of Letters, 7 hts and Scien	ices		
Name: Seal	Student Number:		CD
Name: <u>Seal</u> (Date of Birth: (Year) (Month) (Day))	Student Number.		
Graduate School of Letters, Arts and Sciences			Major/Course
Master's Program/Doctoral Program:			Wajor/Course
Current Address (Postal Code: -)	· · · · ·		
,	Phone No.:		
Guardian's Name: Seal			
Current Address (Postal Code: —)	Dhona No •		
* All of the information provided above must be consiste			Waseda.
r			
hereby request permission to withdraw from the Gradu	ate School of Letters, Arts a	nd Sciences.	
1. Reason			
T 2	S 4 5 (A	1 ' 37)	
2. Tuition fee: I have already paid the tuition for the	Semester of (Acad	iemic Year)	
semester) Yes/No			
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