

Request to Continue Leave of Absence

Date submitted (Year/Month/Day)_____

To the Dean of the Waseda University School of Political Science and Economics,

School of Political Science and Economics_____Department____Year

Student No: 1A_____

Name: _____seal

Telephone Number: _____

Current Address: 〒_____

Guardian Name: _____seal

Telephone Number: _____

Guardian Address: 〒_____

(The student and guardian must each write and sign their own information)

I hereby request permission to my leave of absence for the reasons as noted below.

Period requesting continuation of leave of absence: From (Year/Month/Day) _____

To (Year/Month/Day) _____

Reason to continue leave of absence:

(Attach a copy of the document that confirms your reason)

Tuition paid up to _____ (academic year) _____ (semester)

Associate Dean	Contact Person	Date of Interview	Date of Approval	Date of Notice	Tuition	Scholarships	Seminar	