Request for Approval

Year month day

　Dear Course Director,

　　　　　　　　　　　　　　　　　　　　　　Enrolled in year month

　　　　　　　　　　　　　　　　　　　　　　Affiliation:

　　　　　　　　　　　　　　　　　　　　　　Student name:

　It is to seek for your approval to certify the student’s attendance to the seminar below as HIGO Cutting-edge Seminar attendance.

|  |  |
| --- | --- |
| １．Seminar |  |
| ２．Date | year　　　month　　day（　　）　　　：　　～　　： |
| ３. Lecturer | （affiliation・name）　 |
| ４．Admission by the seminar host※ check ✓　on □ | （affiliation・name）　　　　　　　　　　　　　　　　（name seal）signature 　 |
| * Certify attendance to this seminar

□ Never be counted as an attendance to any other subjects |
| ５．notice | ・Please put your name seal or signature on the row above to make sure “student’s attendance to the seminar concerned” and “the attendance will not be counted as an attendance to any other subjects”.・Please attach some document (poster and/or abstract) related to the seminar. |

 Submit to: HIGO Office

　　1-1-1, Honjo, 2F of a building between Medical Library Building and Outpatient Ward