Form 1

 APPLICATION FOR ADMISSION【Special Audit Student】

 Date 　 / /

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 Month 　Day　　　　Year

 To: Dean, School of Veterinary Medicine, Hokkaido University

To: Dean, Graduate School of Veterinary Medicine, Hokkaido University

To: Dean, Graduate School of Infectious Diseases, Hokkaido University

 Name：

　　　　氏名

 (Family name) (First name) (Middle name)

Signature：

|  |  |  |
| --- | --- | --- |
|  　I hereby apply for the admission to | 〼School of Veterinary Medicine |  |
| □ Graduate School of Veterinary Medicine  |
|  | □ Graduate School of Infectious Diseases |  |

 as a special audit student as follows.

|  |  |  |
| --- | --- | --- |
| 　　私は， | □獣医学部 | の特別聴講学生として下記のとおり入学したいので，許可願います。 |
| 〼獣医学院 |
|  | □国際感染症学院 |  |

記

1. Period of Study　在学期間

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | From | October 25th 2021   | To | January 31st 2022  |

2. Study Plan　履修計画

※Please write the titles of class which you plan to take (NOT subject). Please reffer to the Syllabus 2021(<https://africa.vetmed.hokudai.ac.jp/en/wp-content/uploads/2021/07/IVCMEP-Syllabus-2021_210716.pdf> )

|  |  |  |
| --- | --- | --- |
| Title of Class　　科目名 | Credit 単位数 | Instructor 担当教員 |
|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

3. Name of Expected Supervisor　指導教員

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　印

　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Seal