

STATEMENT FOR EXTENSION OF STUDY YEAR

, 2024

Affiliation	Graduate School of	Master's Course / Doctoral Course	Date of enrollment	
Student ID		Name		

Please select the reason for exceeding the period of study from the following (1 to 4), and check and fill in the appropriate box.

1. Leave of Absence

<input type="checkbox"/>	Illness/Injury(including childbirth and childcare)
<input type="checkbox"/>	Applicant was unable to come to Japan due to coronavirus infection.
Leave of Absence period	年 月 ~ 年 月

2. Study abroad (Excluding study abroad for less than 6 months)

Study abroad period	年 月 ~ 年 月
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3. Graduate-school doctoral thesis preparation(Please check the appropriate box below)

<input type="checkbox"/>	Applicant has been writing a dissertation which requires acquisition and analysis of a huge amount of materials
<input type="checkbox"/>	Applicant has been engaged in a research of advanced technology which contains uncertain factors.
<input type="checkbox"/>	Applicant changed the research theme because the data from the experiments, etc. did not conform to the policy of the research theme.
<input type="checkbox"/>	Applicant did not obtain research results because he/she did not have access to experimental facilities and instruments at other research facilities overseas or in Japan.

4. Other reasons(Documentation of evidence must be submitted.)

<input type="checkbox"/>	Applicant missed the exams for school credits due to his/her hospitalization. 【Medical certificate showing the duration of hospitalization】
<input type="checkbox"/>	Applicant is a handicapped student, therefore, he/she is behindhand in his/her school work. 【Handbook for the Handicapped】
<input type="checkbox"/>	Applicant had participated in long-term volunteer activities in a large-scale disaster approved by the president of Kobe University. 【Documents that can prove the circumstances】

Please provide details below as to why you were unable to complete your studies within the required period of study and request your supervisor's opinion.

(reason)
(Comment From Supervisor)
Position of Supervisor () Signature of Supervisor ()

※ The extension of Study Year is limited to one year.

※If applicant do not have a supervisor, please consult with the academic affairs section of your graduate school and have a student committee member fill in the column regarding the comment from supervisor.

※The supervisor's signature or seal is required, but if this is not available, please submit the email exchanged between the applicant and the supervisor.