**Request for Continuing Course Registration**

No.

Date: / /

To: The President, Doshisha University

Student Name (in block letters):

Student ID Number:

Affiliation:

I hereby request for continued enrollment in the following course(s) during my period of study abroad.

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| Course title | Instructor | Course title | Instructor |
| Course code | Course code |
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| 部長・  研究科長 | 教務主任 | 事務長 | 係長 | 係 |  | 電算入力 |  |  |  |
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| 年 月 日 受付 | 年 月 日 決裁 |