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| **指導教授**  **承認印**  Supervisor's seal | 印 |
| 学　　位　　申　　請　　書  Application for PhD Degree  医　学　系　研　究　科　長 殿  Dean of Graduate School of Medicine,  大阪大学学位規程第４条の規定により，学位論文，論文目録，論文内容要旨及び履歴書  を提出し，当該論文の審査を申請いたします。  In accordance with Article 4 of Osaka University's Degree Regulations, I hereby submit the doctoral thesis, the list of publications, the summary of thesis, and the applicant resume, and request the examination of the above-mentioned thesis.  　　　　　 　　　 年 月 日  (Submission Date: YYYY/MM/DD)     |  |  |  |  |  | | --- | --- | --- | --- | --- | | 入学年月日  Date of Enrollment | 年　　月　１日　入学 | | | | |  | | | | | | 専　攻　名  Division Name | 医学専攻 | 講座・教室名  Laboratory name |  | | |  | | | | | | 氏　　　名  Applicant's name |  | | | 印  Seal or Signature | | | |

＊専攻：在学中または単位修得退学後に改組等で専攻名称が変わった場合も，入学時の専攻名を記入します。

（在学中に所属専攻を変更した場合は修了予定時の専攻名）

＊Division: Even if the name of the division changes due to reorganization during your enrollment or after withdrawing with required credits, please write the division name as it was at the time of your admission. (If you changed your division during your enrollment, write the division name at the time of expected graduation.)