

No _____

決 裁	校 長	教 授	学年担任	就職担当 進学担当

令和 年 月 日

公 欠 願

APPROVAL & NOTICE OF OFFICIAL ABSENCE

To Mr.
Ms.

Hajime Minamijima
President
Toyama College of Foreign Languages

I hereby approve of the following student's absence from school.

1. Student's number and name:

No. _____ Name _____

2. Reason: _____

3. Classes to be missed

Date:	2 0	/	/	(Year/Month/Day)
Period	Subject		Teacher's name	
1				
2				
3				
4				
5				
6				

4. Note: 事業所名・大学名 (日本語) _____