年　　　月　　　日

 Year Month Day

　人　文　学　研　究　科　長　　殿

To the Dean, Graduate School of Humanities

 　 　人文学研究科人文学専攻

Department of Humanities

指 導 教 員 認 印

Academic advisor’s seal

 　　　 　 　　分野・専門　　　　年

 Specialization Year

 　 　学生番号

Student ID

 　 氏　　名

Name

 　 連絡先℡

Mobile Phone

学部授業聴講願（教職用・資格取得用）

**Application Form for Audit Courses at Other Undergraduate Schools**

**(For Teacher training / Acquiring Qualifications)**

　　　　　　　学部 の授業科目を下記のとおり聴講し，単位を修得したいので，ご許可くださるようお願いします。

I hereby request permission to audit and earn credits for the following courses at the School of ( ).

記

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 教員氏名Instructor | 科　　目　　名Course Title | 開講期Semester | 曜日Day | 時限Period | 単位Credits | 教職or資格取得Teacher training orAcquiring Qualifications |
|  |  | 通年・春学期・秋学期Yearlong / Spring / Fall |  |  |  |  |
|  |  | 通年・春学期・秋学期Yearlong / Spring / Fall |  |  |  |  |
|  |  | 通年・春学期・秋学期Yearlong / Spring / Fall |  |  |  |  |
|  |  | 通年・春学期・秋学期Yearlong / Spring / Fall |  |  |  |  |
|  |  | 通年・春学期・秋学期Yearlong / Spring / Fall |  |  |  |  |

※　聴講する学部ごとに申請すること

If you wish to take courses from multiple schools, submit one version of this document to each school.