

(様式 4)

(Form 4)

受験番号 Examinee Number	※
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年 月 日

金沢大学大学院先進予防医学研究科長 殿

To: Dean of Graduate School of Advanced Preventive  
Medical Sciences, Kanazawa University

申請者氏名 (自署)

Name of Applicant:

## 教育方法特例適用申請書

(大学院設置基準第 14 条に基づく教育方法の特例の適用)

### Application for Special Exception on Education Methods (Application for Special Exception on Education Methods Based on Article 14 of the Graduate School Establishment Standards)

このことについて、修学上必要としますので、大学院設置基準第 14 条に基づく教育方法の特例を適用くださるようお願いします。

Since it is necessary to pursue my education at the Graduate School, I hereby apply for the Special Exception on Education Methods Based on Article 14 of the Graduate School Establishment Standards.

(注) 先進予防医学研究科に入学後、大学院設置基準第 14 条に基づく教育方法の特例の適用を希望する場合に提出してください。

※欄は記入しないでください。

Note: Please submit this application if you wish to apply for the Special Exception on Education Methods Based on Article 14 of the Graduate School Establishment Standards after enrollment to the Graduate School of Advanced Preventive Medical Sciences.

\*Please do not fill out the section marked with an asterisk (※)