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Please fill out the Japanese form.

Request for Examination of Master's Thesis

Year Month Date

To Head of Graduate School of Medical Research, Shimane University

Major Medical Science
(Year of Enrollment)

(Signature) Name

I hereby submit the following documents based on the provision of Article 5 (1) of the Degree Regulations of Shimane University and request for examination thereof.

(Documents: necessary to all)

Thesis	5 copies
Abstract of Thesis	5 copies

(Documents: depending on the situation Check the box if you submit.)

<input type="checkbox"/> List of the references	1 copy
<input type="checkbox"/> References	5 copies

(Signature) Name of Supervisor