

(Name)

(Address)

Attention: Dean of the Institute of Medical Science,
The University of Tokyo
4-6-1, Shirokanedai, Minato-ku, Tokyo, JAPAN

Application for Withdrawal

(Month) (Day) (Year)

Please accept this letter as formal notification that I am leaving my position with the Institute of Medical Science on (Month) (Day) for the following reasons.

Reason for withdrawal: _____

Mentor: _____

Sincerely,

Signature: _____