

Tokyo Metropolitan University Graduate School of Human Health Sciences Research Student

## Research Period Extension Application

(     /     /     )  
Year / Month / Day

President, Tokyo Metropolitan University

I hereby apply to extend the duration of my research period in order to continue the research based on the attached Statement of Research Plan.

*Desired Extension*

(     ) months from (     /     /     )(Year / Month / Day)

*Department of*

\_\_\_\_\_

\_\_\_\_\_ *Course*

\_\_\_\_\_ (     )  
*Name (in block letters)* *(Signature or Stamp)*

|                                  |
|----------------------------------|
| Supervisor's Signature and Stamp |
| Stamp                            |

Address : \_\_\_\_\_

\_\_\_\_\_

Email : \_\_\_\_\_