# 修士学位論文

MASTER'S THESIS

論 文 題 名

**Title** 

(注:学位論文題名が英語の場合は和訳をつけること。)
Note: English title should be accompanied with Japanese title.

(西暦) 年 月 日 提出

Date of Submission: Year/Month/Day

東京都立大学大学院

Tokyo Metropolitan University

人間健康科学研究科 博士前期課程 人間健康科学専攻

The Graduate School of Human Health Sciences, Master's Course

学域

The Department of	
学修番号:	
Student ID No.	
氏 名:	
Name	
/ 114 )244 AVI   D   E	`

(指導教員名: )

Supervisor

別紙様式2 (修士申請者用)

<Attachment 2> For Master's Course Student

(西暦) 月 日 Year / Month / Day

## 学位申請

DEGREE APPLICATION FORM

### 東京都立大学学長

President, Tokyo Metropolitan University

東京	都立	大生	学:	大:	学	院

Tokyo Metropolitan University 博士前期課程 人間健康科学専攻 人間健康科学研究科 The Graduate School of Human Health Sciences, Master's Course

	The I	Department of .		学域 
学修	番号	- ·		
<b>Stud</b> ふり	ent ID がな	No.		
氏	名	:		
<i>Nam</i> (自署		lock letters wit	h hiragana) Seal (Sig	rnature)

下記の論文を提出し、修士( ) の学位の授与を

申請いたします。

I hereby submit the following paper and apply for the award of the master's degree (Master

学 位 論 文 題 名 (注:学位論文題名が英語の場合は和訳をつけること。)

Title of Thesis \*Note: English title should be accompanied with Japanese title.

指導教員 Supervisor	学務課 Academic Affairs Section

受理月日 <i>Date of Receipt</i>	
受理番号 <i>Receipt No.</i>	

### (西暦) 年度 博士前期課程学位論文要旨

YEAR ABSTRACT OF MASTER'S THESIS

学位論文題名(注:学位論文題名が英語の場合は和訳をつけること)  Title of Thesis *Note: English title should be accompanied with Japanese title.	
学位の種類: 修士( 学)  Type of Degree: Master of 東京都立大学大学院	
Tokyo Metropolitan University  人間健康科学研究科 博士前期課程 人間健康科学専攻	###
人间健康科子研先科 - 博工前期課程 人间健康科子导攻  The Graduate School of Human Health Sciences, Master's Course  The Department of	子坝
学修番号/Student ID No.	
氏 名/Name:	
(指導教員名 <i>/<mark>Supervisor</mark></i> : )	

注: 1 ページあたり 1,000 字程度 (英語の場合 300 ワード程度) で、本様式 1~2 ページ (A4版) 程度とする。

\*Note: The abstract should be one to two A4 pages long. (One page should be around 300 words.)

別紙様式4 (修士申請者用)

<a href="#"><Attachment 4> For Master's Course Student</a>
(西曆) 年 月 日
Year / Month / Day

### 東京都立大学学長 殿

President, Tokyo Metropolitan University

### 許 諾 書

PERMISSION TO SUBMITA COAUTHORED PAPER AS A THESIS

下記の学位論文は共著であるが、筆頭者が学位論文として提出することを許諾します。

We hereby permit that the following lead author of the coauthored paper submit it as his/her thesis.

記

- 1 学位論文題名 Thesis Title
- 2 共著論文筆頭者(学位申請者)

Lead Author of the Coauthored Paper (Applicant for the Degree)

東京都立大学大学院

Tokyo Metropolitan University

人間健康科学研究科 博士前期課程 人間健康科学専攻

The Graduate School of Human Health Sciences, Master's Course

学域

The Department of \_\_\_\_\_

学修番号: 氏 名:

Student ID Number: Name(in block letters):

3 共著者の許諾 (共著者全員の自署押印をお願いします。)

Coauthor(s)' Permission (All Coauthor(s)' Signature(s) required)

氏名/Name(in block letters)	<u> </u>
氏名/Name(in block letters)	<u> </u>
氏名/Name(in block letters)	<u> </u>
氏名/Name(in block letters)	例/Seal(Signature)
氏名/Name(in block letters)	FM/Seal(Signature)

To the Director of the Library and Academic Information Center, Tokyo Metropolitan University

# Notification of Permission for Publication and Duplication of the Master's Thesis

As for my master's thesis kept by the Health Science Library (Arakawa) of TMU, I will or will not permit its registration with the institutional repository, duplication and browsing as follows.

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Scheduled to obtain	n a degree of Master of **** o	n [date, year]
Title:		
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	(Student No.	)(Major in ****)
Contact information af	ter graduation: (Tel)	
<u>(E-m</u>	nail).	
(Hor	ne address).	
Advising teacher:	Se	<u>eal</u>
you will permit t	uthor, please determine whe the following acts or not ur co-author and circle the we n the right.	in> Consent
Scope of permission (Please cir	cle all that applies.)	
(1) Publication of the abstract * Publication on the website (Arakawa)	of the Health Science Library	
I will permit	I will not permit	
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copying of the full	copying of the	I will not permit
$\operatorname{text}$	abstract only	

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browsing of the

abstract only



I will permit

Please move on to the following item only if you select "I will permit copying of the full text" in (3).

(4) Publication of the full text in the institutional		
repository (see the reverse side)		
I will apply	I will not apply	
I will apply for publication only on and after [date,		
year]		

\* If you wish to have your thesis registered with the institutional repository, please submit electronic data in the PDF format.

- \* Even if you select not to permit browsing of your thesis in the library, it will be made public unconditionally in three years.
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For more information, please refer to the following URL. https://tokyo-metro-u.repo.nii.ac.jp/



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- (3) To permit the copy to be copied for the purpose of maintenance (backup) and use.

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## [Method of submitting the thesis data (PDF) for application for the institutional repository]

- (1) In order to apply for publication in the institutional repository, please submit the thesis data in the PDF format by attaching it to an email or storing in a medium such as a CD-R.
- (2) You can make the data capable/incapable of being printed, copied or pasted by using security settings on the PDF to be submitted.
- (3) If you apply for the institutional repository but fail to submit a PDF, we will create a PDF. In that case, we will not use any security settings. In addition, the PDF will be created from paper, so the data quality might not be as good.
- (4) Data should be submitted to:

Health Science Library (Arakawa), Tokyo Metropolitan University

Phone: 03-3819-7146 (ext.261) E-mail : repo\_hs@tmu.ac.jp

#### [Contact]

Please ask your advising teacher or the responsible sections indicated below.

Academic Affairs Section, Academic & Student Affairs Division, Administrative Affairs Department of Arakawa Campus

Phone: 03-3819-1211 (ext.221) E-mail : adm\_kyo@tmu.ac.jp

Health Science Library (Arakawa), Tokyo Metropolitan University

Phone: 03-3819-7146 (ext.261) E-mail : repo\_hs@tmu.ac.jp