

《参考英訳》

別紙様式1（修士申請者用）

<Attachment 1> For Master's Course Student

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

首都大学東京大学院

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

（指導教員名： _____）

Supervisor

《参考英訳》

別紙様式2 (修士申請者用)

<Attachment 2> For Master's Course Student

(西暦) 年 月 日

Year / Month / Day

学位申請書

DEGREE APPLICATION FORM

首都大学東京学長 殿

President, Tokyo Metropolitan University

首都大学東京大学院

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.

ふりがな

氏名:

印

Name (in block letters with hiragana) Seal (Signature)

(自署押印)

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 of _____.)

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 Date of Receipt	
受理番号 Receipt No.	

(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 _____

首都大学東京大学院

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

学域

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

The Department of _____

学修番号/Student ID No.

氏名/Name:

(指導教員名/Supervisor:)

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.)*

首都大学東京学長 殿

President, Tokyo Metropolitan University

許諾書

PERMISSION TO SUBMIT A 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)

首都大学東京大学院

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 Number:

氏名:

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)

印/Seal (Signature)

氏名/Name (in block letters)

印/Seal (Signature)

氏名/Name (in block letters)

印/Seal (Signature)

氏名/Name (in block letters)

印/Seal (Signature)

氏名/Name (in block letters)

印/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.

[Date, year]

Scheduled to obtain a degree of Master of **** on [date, year]

Title: _____

Full name: _____ Seal
(Student No. _____)(Major in ****)

Contact information after graduation: (Tel) _____

(E-mail). _____

(Home address). _____

Advising teacher: _____ Seal

<p>If you have any co-author, please determine whether you will permit the following acts or not in consultation with your co-author and circle the words "Consent obtained" on the right.</p>	<p>--> Consent obtained</p>
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Scope of permission (Please circle all that applies.)

<p>(1) Publication of the abstract of the thesis on the website * Publication on the website of the Health Science Library (Arakawa)</p>		
I will permit	I will not permit	
<p>(2) Browsing in the library</p>		
I will permit	I will permit browsing of the abstract only	I will not permit

↓ Please move on to the following item only if you select "I will permit" or "I will permit browsing of the abstract only" in (2).

<p>(3) Copying in the library</p>		
I will permit copying of the full text	I will permit copying of the abstract only	I will not 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.
- ※ If you want to change the status of your permission, please contact the responsible section indicated on the reverse side.

[About MIYAKO-DORI, the institutional repository of TMU]

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For more information, please refer to the following URL.

<https://tokyo-metro-u.repo.nii.ac.jp/>



[If you apply for publication in the institutional repository, you will be deemed to have accepted the following.]

- (1) To permit your academic research results to be copied and stored in a server hosting the repository.
- (2) To permit the copy to be widely published (transmitted) to society through the network free of charge.
- (3) To permit the copy to be copied for the purpose of maintenance (backup) and use.

For the operational guideline, please refer to the following URL.

https://tokyo-metro-u.repo.nii.ac.jp/?action=common_download_main&upload_id=39
(Japanese)

[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