**保　　　証　　　書**

**国立大学法人鳥取大学出納責任者　殿**

令和　　年　　月　　日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 鳥取大学大学院医学系研究科研究生（　　　　　　　 　分野・部門 ）　　令和　　　年度入学 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※  学　生　番　号 | | | | | | | | | | フリガナ |  |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |
| 氏　　名 |  | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  |
| 住　　所 | | | | | 〒 | | | | | | | | | | | | | | | | | ＴＥＬ | | |  | | | | | | | |

　上記の者の、貴学在学中における授業料等の債務の履行に関し、私が連帯保証人（学資負担者）としてその責に任ずることを保証します。

　なお、在学中における授業料の請求書は、（１．研究生、２．連帯保証人）に送付してください。

　　　　※希望される送付先の番号を○で囲ってください。

　連帯保証人　住所氏名　　　　　　　　　　　　　　　（本人との関係　　　　　　　　　　）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 郵便番号 |  |  |  |  | | |  | |  | |  | |  | | ※住所コード | | | | | | | |  | |  | |  | | |  | |  | |  | |  | | |  |  |  |  |
|
|
| 住　　所  （フリガナ） | （都道府県市区郡町村） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  | |  |  |  |  |  |  |
| （丁目字名番地） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  |  |  |  | |  | |  | |  |  | |  | |  | |  | |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ |  |  |  |  |  |  | |  | |  | |  | |  | |  |  |  |  |  |  |  | |  | |  | |  | ＴＥＬ | | | | | | 局 | | | | | | | |
|
| 氏　　名 | 印 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
|

勤務先

　（勤務先が変更された場合には、その都度学務課教務係へ連絡願います。）

|  |  |
| --- | --- |
| 名称・電話番号 |  |
| TEL (　　　　　　) 　　　　　　－ |

　(注)　※印欄は記入しないでください。