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| 課外活動欠席届 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 下記のとおり（　課外活動行事　・　メディカルチェック受診　・　心電図に関する受診及び検査・ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 災害ボランティア活動　）のため、授業を欠席しましたのでお届けします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ２．欠席期間（行事） | | | 20 | |  | 年 | | |  | | 月 | | |  | | | 日 | | | | （ |  | | | ） | | | ～ | | | 20 | | |  | | | 年 | |  | | | | 月 | |  | | | 日 | | | （ | |  | | | ） |
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| ３．欠席した授業 | | |  | | | 曜日 | | | | | |  | | | | 時限 | | | | | 科目名 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 上記のとおり届け出があったことを証明します。  ※メディカルチェックは、大学が活動時の不慮の事故防止のため、接触プレーが強いアメリカンフットボール部、ボクシング部、ラグビー部の部員全員に受診させております。  ※心電図に関する受診及び検査は、課外活動団体に所属する全学生が医務室で実施する心電図検査受診後に、該当学生のみ学外の医療機関で受診及び検査をさせております。医務室で実施されるものは対象外です。  ※災害ボランティア活動に募金活動は含みません。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **この届け出は公欠扱いを申し出るものではありません。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| ※学生支援センター窓口提出は、原則として欠席した日から**２週間以内**です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 学生支援センター（KPC1またはKAC） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |