(Appended Form No. 4)

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|  | | Academic Advisor  (Stamp) |  |  | |
| Date（Month/ Day/ Year）:  　　　To the Dean of the Graduate School of Natural Science and Technology of Shimane University  　　　　　　　　　　　　 Entered in 　　　 (Year)　　 Graduate School of Natural Science and Technology  Major  Course  　　　　　　　　　　　　　Student Number  　　　　　　　　　　　　　Name　　　　　　　　　　　　　　　　　　　　　　　　　　　　Stamp (Sign)  Research Results Assessment Request    I hereby submit research results and a research results abstract of the following title, and request assessment,  　　in accordance with the Degree Regulations of Shimane University and the Degree Regulations of Shimane  University: Detailed Regulations for the Master Course of the Graduate School of Natural Science and Technology.  　　1. Thesis Title | | | | | |
|  |  | | | |  |
| 2. Applied Degree for  　 Master \*（　Science， Engineering， Life and Environmental Science　） | | | | | |

\*Select one according to the Cautions Regarding Applied Degree Description.