受験票送付用封筒ラベル

・ご自身で長形３号封筒（120mm×235mm）をご用意ください。

・確実に受取可能な住所、氏名を記載してください。

・ラベルに切手（４６０円分）を貼付してください。

・ラベルを切り取り、長形３号封筒にしっかりと貼付してください。

・ラベルはモノクロ印刷でも構いません。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | キリトリ | | | | | | | | 460円分の郵便切手を貼付  ※切手は重ならないように貼付してください | | | | | | | |  | | 【宛先】 | | | | | | **受験票在中** |  | 住所 | 〒 | |  | | |  |  | | | | | |  | 氏名 | |  | | | |  |  | | | | 様 | | **簡易書留** |  | 受験番号※事務処理欄（記入不要） | | | | | |  |  | | | | | |  | 【送付元】 | | | | | |  |  | 横浜市立大学 医学教育推進課学務・教務担当  〒236-0004 横浜市金沢区福浦3‐9  （ 基礎研究棟2階）  電話（045）787‐2530 | | | | | |