

Year 20__ Course Registration and Research Plan

Integrated Course of Doctoral Level

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|---|-------------------|
| Graduate School of Medical Sciences, Division of _____ | Student Number |
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| Name (signature) | Name of Primary Supervisor (signature) |
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| Research Theme |
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| Description | | | | | | | |
|-------------|---------|----------------------------|--------|-------------------|----------------------------|--------|-------------------|
| | Courses | Name of the course lecture | Credit | Faculty in charge | Name of the course lecture | Credit | Faculty in charge |
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Notes

1. Course registration must be completed on the Acanthus Portal.
2. After completing course registration, be sure to check the list of course registration authorizations on the Acanthus Portal.

Date: ____ / ____ / ____