

Year 20__ Course Registration and Research Plan

Integrated Course of Doctoral Level

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

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: ____ / ____ / ____