School Year 2017 Subject Registration (Doctoral Course)

Matriculation Year:……….Semester:……….

Graduate School of Medical and Dental Sciences (Major: Health Science / Advanced Therapeutics)

(Research field: ……………………..……………………………….. ……………………..…………………..)

Name：

Email：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Subject | Credits | Semester | Day | Period | Teacher |
| Name | Seal |
| **C**ommon **C**ore 6 | Medical and Dental research lecture | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
| **C**ommon **A**dvanced 2 |  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
| **S**pecial **B**asic 6  |  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
| **S**pecialized **S** 16 |  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |
|  |  | 2 |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **C C** | **C A** | **S B** | **S S** | Total cr. |
| Cr. | Cr. | Cr. | Cr. | Cr. |

Submit this form to the Education Section.

Specialized Subjects require seal impression.

Advising Professor

Name＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　Seal