20 /10/
（ Year / Month / Day ）

To Dean, Graduate School of Engineering

Supervisor ：	[seal]
Supervisor ：	
Entrance to Doctoral Course ：	October, 20
	（ Month / Year)
Department ：	
Student ID No. ：	
Name ：	

Plan for Completion of Course

I have created the following plan for the completion of the course and request approval of it.

Course type	Course Title	Credit	1st Year		2ndYear		3rd Year	
			Autumn Semester	Spring Semester	Autumn Semester	Spring Semester	Autumn Semester	Spring Semester
Total Credits			0	Credits				

Note: Be sure to read the "Instructions on Graduate School Registration" in advance.