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| Year Month Date | | | | | | |

**履修科目登録願**

Course Registration Form

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| 専攻名  Department | |  | | | 学籍番号  Student ID No. | |  | |
| 氏名  Name | |  | | | | | | |
| Email | |  | | | Phone | |  | |
| ※1 |  | | ※2 |  | |  | |  |
| 学期  Semester | 曜日  Day | | 講時  Period | 授業科目名  Course Title | | 担当教員  Course Instructor | | 備考  Remarks |
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※1: Semester ※2: Period

第1学期（First/Spring semester）→ 1 1講時（ 8:50~10:20）→ 1

第2学期（Second/Fall semester）→ 2 2講時（10:30~12:00）→ 2 3講時（13:00~14:30）→ 3

4講時（14:40~16:10）→ 4

5講時（16:20~17:50）→ 5

提出先: 理学研究科大学院教務係

Submit to: Graduate Academic Affairs Section, School of Science