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Graduate Student’s Academic Record

Degree: Master

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| Name | |  | | **School (Institute)** | | |  | | |
| Student Number | |  | | Specialty | | |  | | |
| Length of Program | |  | | Advisor | | |  | | |
| **Date of Enrollment:** | | | | **Date of Graduation:** | | | | | |
| **Course** | Score | | | | **Credit** | **Compulsory Course** | | **Elective Course** | **Remarks** |
| Percent | | **Grade** | |
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| **Specialty Practice** |  | |  | |  |  | |  |  |
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**Assessor： Dean of School (Institute):**

**Dean of Graduate School: Date:**