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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** |  |  |  |  |  |  |
| **Thesis** |  |  |  |  |  |  |

**Assessor： Dean of School (Institute):**

**Dean of Graduate School: Date:**