Appended Form 1

Research Proposal (Annual Plan starting from AY First/Second Semester)

　　　　　　　　　　　　　　　　　　　　　　　　Date　(Month/Day/Year):

To Dean of Graduate School of Natural Science and Technology, Shimane University

　　　　　　　 Graduate School of Natural Science and Technology, Shimane University

Major:

Course:

Student Number:

Name:

Main academic advisor:

Co-advisor:

Research Project Title:

Research Guidance Plan (To be completed by major academic advisor)

1. Research Prospect (Describe your research prospects and what you are going to clarify.)

(To be completed by student)

2. Monthly Research Schedule (To be completed by student)

\*Submit this form to the Academic Affairs Division

(Reception Counter No.4 on 1st floor of Student Center)