Certification for Regular Master Courses

Reg. No.： Name： Date:

Please fill in courses you have got course credits during the period of graduate study **(Exempt courses and current study courses should be listed.)**

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|  | Course No. | Course Name | Score | Credits |
| Core courses |  | New Business Development |  |  |
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| Others |  |  |  |  |
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Chairman： Advisor： (Note: Attach Certified Transcript)