“Health, Society and Environment” Diploma Program

Application for Registration

To the Director of the Center for Environmental and Health Sciences

The following student will register for the “Health, Society and Environment” Diploma Program

Date:

|  |  |  |
| --- | --- | --- |
| Student Number： | Full Name： | Name in katakana： |
| Graduate school / Department / Course / School Year | | |
| Contact：  TEL. FAX. | | E-mail address：(Please print. Only PC e-mail address are acceptable) |
| I agree that the above-mentioned student can participate in this program.  Affiliation  Title Full Name ㊞ | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Planning** | | | | | | | |
|  | | Number of credits required | | Finished, Registered or Expected Lectures | | | |
| Health, Society and Environment | graduate schools | year | Lectures | Credits | Status |
| Compulsory lectures | | 11 | |  | |  |  |
| Ⅰ | Overview | 2 |  |  | “Public Health Overview: Trend of Researches and Activities” | ２ | A ・ B ・ C |
| Ethics |  | １ |  |  |  | A ・ B ・ C |
| ⅡＡ | Research Method  Epidemiology | 2 | |  |  |  | A ・ B ・ C |
|  |  |  | A ・ B ・ C |
| ⅡＢ | Research Method  Statistics | 2 | |  |  |  | A ・ B ・ C |
|  |  |  | A ・ B ・ C |
| Ⅲ | Environmental Health | 2 | |  |  |  | A ・ B ・ C |
|  |  |  | A ・ B ・ C |
| Ⅳ | Health Promotion | 1 | |  |  |  | A ・ B ・ C |
| Ⅴ | Health Research | 1 | |  |  |  | A ・ B ・ C |
| Elective lectures | |  | |  | |  |  |
|  | |  | |  |  |  | A ・ B ・ C |
|  | |  | |  |  |  | A ・ B ・ C |
|  | |  | |  |  |  | A ・ B ・ C |
|  | |  | |  |  |  | A ・ B ・ C |
|  | |  | |  |  |  | A ・ B ・ C |
|  | |  | |  |  |  | A ・ B ・ C |
|  | |  | |  |  |  | A ・ B ・ C |
|  | |  | |  |  |  | A ・ B ・ C |
| total | | 20 | |  | |  |  |

**※After filling out this form, please submit it to the Center for Environmental and Health Sciences**

**-Status-**

A finished

B registered

C planned

**either as a printed document or via e-mail as an attached file. Please attach your transcript record**

**if you have already earned any credits.**

Registration requires the consent of your supervisor. Please obtain his/her signature or seal in the given field.

E-mail:jimu3@cehs.hokudai.ac.jp Phone:011-706-4746 Fax:011-706-4725

**This form can be downloaded from the CEHS homepage**（<http://www.cehs.hokudai.ac.jp/>）

Do not write below this line

受理日：　　　　　　　　受理番号：