


ОҢТҮСТІК-ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Name of department/department	1 page of 6	
Master's individual plan		

**“I approve”
First Vice-Rector**

_____ **PhD, professor**

Esirkepov M.M.

" ____ » _____ **202_ _year**

INDIVIDUAL MASTER'S PLAN

1. Master student -
2. Faculty-sector NRDM (Master)
3. Department - "Name of the department"
4. Scientific adviser -
5. Study period - 202_-202_
6. Year of study - 1
7. Name of the educational program -
8. The direction of the educational program is scientific and pedagogical

The individual plan is drawn up on the basis of the State Compulsory Standard for all levels, approved by Order No. 647 of 07/31/2015. About the approval of the state obligatory standards and standard professional training programs on medical and pharmaceutical specialties.

The individual work plan of the undergraduate was reviewed and discussed at a meeting of the Department of Social Health Insurance and Public Health.


Protocol No. __ from " _ » ____ 2021

Approved at the meeting of the Scientific Council, protocol No. ____ from " _ » _____ 2021

Agreed:

Chairman of the Scientific Committee
 "Name of the educational program" _____ FULL NAME.
 (signature)

Head of the Sector of Scientific Work,
 doctoral and master's programs _____ FULL NAME.
 (signature)

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Name of department/department	1 page of 6	
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I. PLAN OF IMPLEMENTATION OF THE MASTER PROJECT

1. Topic of the master's project:

2. Brief annotation.

Relevance.

Purpose of the study.

Object of study.

Research methods:

Expected results:

3. The term for the submission of a dissertation by a master's student at the departmental approbation.

4. The deadline for passing a comprehensive exam in the specialty. 5 Deadline for submission of SAC:



II. CONTENT OF THE EDUCATIONAL PROGRAM OF MASTER'S TRAINING

№ r/b	Name of disciplines	Number of loans in	Semester	Forms of attestation
Basic disciplines (DB)				
Required Component (OK)				
1				
2				
3				
4				
Component of choice (CV)				
5				
6				
7				
Profile disciplines (PD)				
Required Component (OK)				
8				
9				
10				
eleven				
Component of choice (CV)				
12				
13				
14				
15				
16				

Practice

№ r/b	Passage base	Number of credits	Semester	Appraisal form
1				
2				

EXPERIMENTAL RESEARCH WORK OF A MASTER STUDENT (EIRM)

№ r/ b	EIRM	Semester period	Number of credits	Types of certification

ОҢТҮСТІК-ҚАЗАҚСТАН

MEDISINA

AKADEMIASY

«Оңтүстік Қазақстан медицина академиясы» АҚ



SOUTH KAZAKHSTAN

MEDICAL

ACADEMY

АО «Южно-Казakhstanская медицинская академия»

Name of department/department

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1 page of 6

			(week)	
1				
2				

FINAL EXAMINATION

№ r/b	Name	Numbe r of credits	Semester	Types of certification
1				

III. SCIENTIFIC PROGRAM

Working with a project	The content of the work	Period of execution	Type of reporting
Participation in international conferences			
Scientific publications (articles)			

IV. PLAN OF SCIENTIFIC PUBLICATIONS

№ r/b	Edition title	Ter m	Note
1			
2			
3			
4			

Master student:

(signature)

Scientific adviser: d.m.s.,

(signature)