



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

“I approve”
First Vice-Rector
PhD, professor
Esirkeпов 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

Shymkent, 20__y

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Master's individual plan		

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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Master's individual plan		

I. PLAN OF IMPLEMENTATION OF THE MASTER'S THESIS

- 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. The 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				
ele ve n				
Component of choice (CV)				
12				
13				
14				
15				
16				

Practice

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

SCIENTIFIC RESEARCH WORK OF A MASTER STUDENT (NIRM)

№ r/b	NIRM Subject	Semeste rperiod	Number of credits (week)	Types of certification
1				
2				

FINAL EXAMINATION

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

III. SCIENTIFIC PROGRAM

Dissertation work	The content of the work	Period of execution	Type of reporting
Participation in international conferences			
Scientific publications (articles)			
Scientific and practical internships			

IV. INTERNSHIP PLAN

№ r/b	Country, organization	Deadline	Costs (approximate)	Rationale (briefly)
1				

V. PLAN OF SCIENTIFIC PUBLICATIONS

№ r/b	Edition title	Term	Note
1			
2			
3			
4			

Master student:

(signature)

Scientific adviser: d.m.s.,

(signature)