**MASTERS PROGRAMME 2018-2019 YEAR FALL SEMESTER**

**COURSE REGISTRATION FORM**

**COMPULSORY T U AKTS**

* MBG 5001 MOLECULAR CELL BIOLOGY 3 0 8
* MBG 5002 SCIENTIFIC RESEARCH METHODS AND PUBLICATION ETHICS 3 0 5
* MBG 5003 GENETICS AND GENOMICS 3 0 8
* MBG 5096 SEMINAR 0 3 3
* MBG 5098 SPECIALIZED FIELD 0 0 2
* MBG 5099 THESIS 0 0 30

**ELECTIVE T U AKTS**

* MBG 5004 BASIC IMMUNOLOGY 3 0 8
* MBG 5005 INTRODUCTION TO BIOINFORMATICS 2 2 8
* MBG 5008 CANCER BIOLOGY 3 0 7
* MBG 5010 DEVELOPMENTAL BIOLOGY 3 0 7
* MBG 5012 PROTEIN BIOCHEMISTRY AND BIOTECHNOLOGY 3 0 7
* MBG 5014 IMAGING: PRINCIPLES AND TECHNIQUES 2 2 6

**(\* It is required to receive 30 ECTS each semester.)**

I want to sign up for the courses I have checked hereby for the ………. / ……….. akademic year …………. Semester.

Student’s

Number ………………….…..

Name Surname : ……………………..

Date :……………………...

Signatura :……………………...

Consultant

Name Surname : ……………………..

Date :……………………...

Signatura :……………………...