

KAZAKH NATIONAL UNIVERSITY OF SPORTS

“AGREED”

“APPROVED”

**Director
of the Department of
Sports Business and Tourism**
A.A. Duisembayev

**Director
of the Department of
Postgraduate Education**
L.Z. Beissenova

(signature)

« ____ » _____ 202__y.

(signature)

« ____ » _____ 202__y.

INDIVIDUAL WORK PLAN OF THE MASTER’S STUDENT

Full Name

Admission Order No. and Date

Field of Study

Code and Name of the Group of
Educational Programs

Code and Name of the Educational
Program

Language of Instruction

Period of Study in the Master’s
Program

Academic Supervisor

Master’s Degree Program

M072 – “Management and
Administration”

(Full Name, Academic Degree, Academic Title)

Master’s Thesis Topic:

Approved by the Academic Council
of the University

Protocol № _____

« ____ » _____ 20____y.

Deadline for Submission of the
Master’s Thesis by the Master’s
Student

« ____ » _____ 20____y.

2. Practical Training _____ number of credits

№	Title	Semester	Number of Weeks	Number of Credits	Practical Training Base
1.	Pedagogical	III			
2.	Research	IV			
3	Preparation of Results (Report)				

Doctoral Student _____ «_____» _____ 20____ г.
(Signature)

3. Master's Student's Research (Experimental Research) Work _____ number of credits

1 Trimester	
2 Trimester	
3 Trimester	
4 Trimester	
5 Trimester	
6 Trimester	

1st Year of Study (1, 2, 3 Trimester)

№	Type of Work	Content of Work	Submission Deadline	Completion Mark or Department's Conclusion
1.	Theoretical Work			
2.	Research (Experimental Research) Work			
3.	Preparation of Results			

Докторант _____ «_____» _____ 20____ г.
(подпись)

Научный руководитель _____ «_____» _____ 20____ г.
(подпись)

2nd Year of Study (3, 4, 6 Trimester)

№	Type of Work	Content of Work	Submission Deadline	Completion Mark or Department's Conclusion
1.	Theoretical Work			
2.	Research (Experimental Research) Work			
3.	Preparation of Results			

Doctoral Student _____

“ _____ ” _____ 20____

(Signature)

Academic Supervisor _____

“ _____ ” _____ 20____

(Signature)

4. MASTER'S THESIS

Topic	
Academic Supervisor	
International Consultant	(Full Name, Academic Degree, Academic Title)
Language of the Thesis	
Relevance	(Full Name, Academic Degree, Academic Title)
Purpose	
Main Objectives	
Theoretical Significance	
Practical Significance	
Research Object	
Expected Results	
Publications	
Planned Approbation	
Topic	
Academic Supervisor	

GENERAL PLAN FOR THE DEVELOPMENT OF THE MASTER'S THESIS

1 Trimester	
2 Trimester	
3 Trimester	
4 Trimester	
5 Trimester	
6 Trimester	
7 Trimester	
8 Trimester	
9 Trimester	

Doctoral Student _____

« » _____ 20

(Signature)

Academic Supervisor _____

« » _____ 20

Preliminary Defense of the Master's Thesis at the Department

Department's Conclusion

Director of the Department

(Signature)

(Full Name.)

«_____» _____ 20____y.

Conclusion of the State Attestation Commission:

– on the Comprehensive Examination

Grade _____

«_____» _____ 20____y.

Protocol № _____ «_____» _____ 20____г.

Director of the Department _____

(Signature)

(Full Name)

Director of the Department of Postgraduate Education

(Signature)

(Full Name)