

PROGRAM APPROVAL FORM

MASTER OF SCIENCE IN MATHEMATICS

STUDENT INFORMATION					
Student ID: _	First N	ame:	Surnan	ne:	
Email:	@unbc.ca	Admit Date:	Sta	tus: 🗌 Full-time 🔲 Part-tim	ne
COURSE	INFORMATION				
elective requirem	nent. Project students in one of their electives. D	Physics or a combina	tion of study areas	ent studies can be counted t including Physics are expect duate Calendar online.	ted to take
Caminani	Course # Title	shaces from DCMD	704 CUEM 744 CE	000 704 MATU 704 MCDM	Credits
Seminar:	1.5 credits, taken twice	- cnoose from BCMB	704, CHEM 714, CF	PSC 704, MATH 704, MCPM	704
Select One:		M 791 MSc Proje M 790 MSc Thes			6 12
Electives (Choose 12 credit hours for the thesis path OR 18 credit hours for the project path):					
			Total Cre	edits (27 credits required):	
Additional required courses or changes to the program of study (supplemental information may be attached if needed):					
taattoriai roquiro	or originate a	o the program of study	(cappiomental inter	nation may be attached in no	ououj.
APPROVA	AL SIGNATURES				
Student Signature:			Date:		
Supervisor Name:		Signature:		Date:	
Co-Supervisor Name (if any):		S	Signature:		
Program Chair:		Signature:		Date:	
OGP USE ONL	Y Dean's review required?	No Yes - date submi	tted for review:	Intials:	
DEAN'S DECISION □ Approved		☐ Additional information required		Denied	
Print Name:		Signature:		Date:	