

## PROGRAM PLANNING AND APPROVAL FORM

### MASTER OF ARTS IN DISABILITY MANAGEMENT

#### STUDENT INFORMATION

Student ID: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Email: \_\_\_\_\_@unbc.ca Admit Date: \_\_\_\_\_ Status:  Full-time  Part-time

#### COURSE INFORMATION

Course selection must meet [calendar requirements](#) in order to be eligible for graduation.

	Course #	Title	Credits
<b>Core Courses:</b>	DISM 609	Professional Ethics in Health Care Management	3
	DISM 710	Foundations in Disability Management	3
	DISM 711	Disability Management: Legislation, Policy and Procedures	3
	DISM 712	Disability Management Interventions	3

**Research Methods:** Select two courses from the available selections. Course substitutions are entered at the end of the form.

**Select One:** **Comprehensive Examination** (3 credits) **Thesis** (9 credits, only if admitted to the thesis route)

**Electives:** From the list in the Calendar, choose 15 credits of electives for the Comprehensive Exam route and 9 credits of electives for the thesis route.

**Total Credits** (36 credits are required):

Additional required courses or changes to the program of study (supplemental information may be attached if needed):

#### APPROVAL SIGNATURES

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Supervisor Name (if any): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Chair: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OGP USE ONLY** Dean's review required? No Yes - date submitted for review: \_\_\_\_\_ Intials: \_\_\_\_\_

**DEAN'S DECISION**  Approved  Additional information required  Denied

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_