

PROGRAM APPROVAL FORM MASTER OF SCIENCE IN CHEMISTRY

STUDENT INFORMATION					
Student ID: _	First N	ame:	ne: Surname:		
Email:	@unbc.ca	Admit Date:	Status: 🗌 Full-time	e 🗌 Part-time	
COURSE	INFORMATION				
elective requiren	nent. Project students in	Physics or a combination	s from independent studies can of study areas including Physic tlined in the <u>Graduate Calendar</u>	cs are expected to take	
Seminar:		e - choose from BCMB 704,	CHEM 714, CPSC 704, MATH		
				3	
Select One:	☐ Project CHE	M 793 MSc Project <u>C</u>	<u>)R</u>	6	
	☐ Thesis CHE	M 794 MSc Thesis		12	
Additional require			Total Credits (27 credits oplemental information may be a	s required):	
Student Signa	ture:		Date:		
Supervisor Name:		Signa	iture:	Date:	
Co-Supervisor Name (if any):		Signa	iture:	Date:	
Program Chair	" :	Signa	iture:	Date:	
OGP USE ONL	Y Dean's review required?	No Yes - date submitted for	or review: Intials:		
DEAN'S DECIS	SION Approved	☐ Additional information i	required Denied		
Print Name:		Signature:		Date:	