

Office of
Graduate Programs

Graduate Program Approval Form MA History

Student Name:		Student ID:		
Admit Date:		Status:	Full-time	
Supervisor's Name:			Part-time	
Co-Supervisor's Name:		Campus:		
Thesis Option		Project Option		
A minimum of 24 credit hours is required			redit hours is required	
HIST 700-3		HIST 700-3		
HIST 745-3 HIST 750-12		HIST 745-3 HIST 749-12		
Choose *Three Electives from the list	helow:		Electives from the list	t helow:
	DCIOW.			. BCIOW.
HIST 701-3		HIST 701-3		
HIST 702-3		HIST 702-3		
HIST 704-3		HIST 704-3		
HIST 705-3		HIST 705-3		
HIST 707-3		HIST 707-3		
HIST 708-3		HIST 708-3		
HIST 709-3		HIST 709-3		
HIST 799-3		HIST 799-3		
*Chosen in consultation with your supervisor,	may include o	ne course in another	related program.	
Any Additional Courses Required		Any Additional Courses Required		
Student		<u> </u>		
	Print Na	me	Signature	Date
Supervisor				
	Print Na	me	Signature	Date
Co-Supervisor				
Print Na		me	Signature	Date
Program Chair Print Na			Signature	
Vice President Research and Graduate Programs (or designate)	7,,,,,		Signature	
	Print Na	me	Signature	Date