

**Graduate Program Approval Form
MA Political Science**

Student Name: _____ Student ID: _____
 Admit Date: _____ Status: Full-time
 Supervisor's Name: _____ Part-time
 Co-Supervisor's Name: _____

Please select the student's option and specify the student's electives. A minimum of 24 credit hours is required

Thesis	Project	Course Based
Required Courses: POLS 702-3 POLS 799-12	Required Courses: POLS 702-3 POLS 797-9	Required Courses: POLS 702-3 POLS 795-3
3 Electives of which 2 must be from POLS: 1. POLS _____ 2. POLS _____ 3. _____	4 Electives of which 2 must be from POLS: 1. POLS _____ 2. POLS _____ 3. _____ 4. _____	6 Electives of which 3 must be from POLS: 1. POLS _____ 2. POLS _____ 3. POLS _____ 4. _____ 5. _____ 6. _____

Any Additional Courses Required: _____

Student

_____ *Print Name* _____ *Signature* _____ *Date*

Supervisor

_____ *Print Name* _____ *Signature* _____ *Date*

Co-Supervisor

_____ *Print Name* _____ *Signature* _____ *Date*

Program Chair

_____ *Print Name* _____ *Signature* _____ *Date*

**Vice President Research and
Graduate Programs(or designate)**

_____ *Print Name* _____ *Signature* _____ *Date*