

Graduate Program Approval Form

MSc. Health Sciences

Student Name: _____ Student ID: _____

Admit Date: _____ Status: Full-time

Supervisor's Name: _____ Part-time

Co-Supervisor's Name: _____

Please select and specify the student's electives (if there is an "or" clause please select the course that the student is intending to take). A Minimum of 30 Credit Hours is Required.

Thesis Option:

Required	Choose One	Choose One
HHSC 601-3	HHSC 700-3	EDUC 602-4
HHSC 795-3	HHSC 703-3	PSYC 600-4
HHSC 790-12	Another graduate level statistics course approved by the Program: _____	

General Stream

2 courses (6 credit hours) chosen in consultation with advisor/supervisor [examples of courses taken by students are noted in the Community Health Science Program Description in the Graduate Calendar]:

1. _____
2. _____

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*