UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Date Received by Office of Graduate Programs

Graduate Program Approval Form
MSc. Business Administration

Student Name: _____ Student ID: _____

Admit Date: _____ Status: ☐ Full-time

Supervisor's Name: _____ ☐ Part-time

Co-Supervisor's Name: _____

Program Requirements: Year 1

COMM 662-3

COMM 760-3

COMM 762-6

*STAT 671-3

**STAT 675-3

Additional Information:

**If STAT 671 is not offered, alternative course will be ECON 712 or COMM 698 or a course approved by supervisor(s).*

*** If STAT 675 is not offered, alternative course will be ECON 635 or COMM 698 or a course approved by supervisor(s)*

Pre-requisites of all required courses need to complete before registering for a course.

Electives: Year 1

Choose 2 of the courses below: Specialized Area (Directed Reading)

☐ COMM 616-3
☐ COMM 617-3
☐ COMM 618-3
☐ COMM 626-3
☐ COMM 627-3
☐ COMM 628-3
☐ COMM 637-3
☐ COMM 638-3
☐ COMM 639-3
☐ COMM 646-3
☐ COMM 647-3
☐ COMM 648-3
☐ COMM 656-3
☐ COMM 657-3
☐ COMM 658-3

Program Requirements: Year 2

COMM 763-12 – Master's Thesis

Student			
	Print Name	*Signature*	*Date*
Supervisor			
	Print Name	*Signature*	*Date*
Co-Supervisor			
	Print Name	*Signature*	*Date*
Program Chair			
	Print Name	*Signature*	*Date*
Interim Vice President Research and Graduate Programs (or designate)			
	Print Name	*Signature*	*Date*