

	Date Received by Office of Graduate Programs
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Graduate Program Approval Form MSc Chemistry

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

Please select the student's course route and electives (if there is an "or" clause select or specify the course that the student is intending to take):

Required Courses:

All students must participate in **one** of the following Graduate Seminar course for at least two semesters during their course of studies

- MCPM 704-1.5
- BCMB 704-1.5
- NRES 704-1.5
- CPSC 704-1.5
- STAT 704-1.5
- CHEM 714-1.5

Thesis Option Elective Courses

12 elective credit hours at graduate level (i.e. at or above the 600 level)

A maximum of 6 credits from independent studies can be counted towards the elective requirement.

1. _____
2. _____
3. _____
4. _____

Thesis:

MCPM 790-12

Project Option Elective Courses

18 elective credit hours at graduate level (i.e., at or above the 600 level)

A maximum of 6 credits from independent studies can be counted towards the elective requirement.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Project:

MCPM 791-6

Any Additional Courses Required:

A minimum of 27 credit hours is required.

Any Additional Courses Required:

Student

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Supervisor

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Co-Supervisor

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

Program Chair

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

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

_____	_____	_____
<i>Print Name</i>	<i>Signature</i>	<i>Date</i>