

	Date Received by Office of Graduate Programs
---	--

Graduate Program Approval Form For Interdisciplinary Studies

Student Name: _____	Student ID: _____
Admit Date: _____	Status: <input type="checkbox"/> Full-time
Supervisor's Name: _____	<input type="checkbox"/> Part-time
Co-Supervisor's Name: _____	Program: <input type="checkbox"/> MSc Interdisciplinary Studies
	<input type="checkbox"/> MA Interdisciplinary Studies

Please confirm and specify the student's program of study:

Thesis:

- IDIS 799-12 MA Thesis*
- IDIS 798-12 MSc Thesis*
- IDIS 704-3**

*Choose one

** Required by both programs of study

Plus 4 courses (list course number, credit hours & title):

No more than 2 of 4 electives may be from the same discipline

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

Any Additional Courses Required:

A minimum of 27 credit hours is required and a student may not take all courses, nor all but one course, from the same program.

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>