



**Graduate Program Approval Form
MSc NRES**

Student Name: _____
 Admit Date: _____
 Supervisor's Name: _____
 Co-Supervisor's Name: _____

Student ID: _____
 Status: Full-time
 Part-time

Please specify the student's electives:

Thesis

NRES 700-3
 NRES 701-1
 NRES 790-12
 Methods Course – 3 (with approval of Supervisor/ Chair)

6 elective credit hours at graduate level

A maximum of 3 credits from independent studies can be counted towards the elective requirement (i.e. NRES 799-1-6)

1. _____
 2. _____

Any Additional Courses Required:

A minimum of 25 credit hours is 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*