UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Date Received by Office of Graduate Programs

Graduate Program Approval Form
PhD. Health Sciences

Student Name: _____ Student ID: _____

Admit Date: _____ Status: ☐ Full-time

Supervisor's Name: _____ ☐ Part-time

Co-Supervisor's Name: _____ Campus: _____

Required Core Courses:

HHSC 800-6 Graduate Seminar

HHSC 890-12 PhD Dissertation

HHSC 820 -0 Qualifying Exam and Dissertation Proposal Defense

Additional Elective Courses Required by the Program:

******Elective Courses must equal 6 Credit Hours***

Courses relevant to their area of concentration as determined by their supervisor. Students may be required, at the discretion of their supervisory committee, to take additional courses within their area of concentration.

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