

## School of Health Sciences

### APPLICATION FOR BHSc HONOURS DEGREE Deadline: May 31

To be eligible to apply for the Honours program, you must have:

1. completed 90 credits by the END of the January Semester of the application year
2. A minimum CGPA of 3.33 over the most recent 30 university credit hours completed

**Please note:** Acceptance into the Honours program is competitive. Completing the minimum requirements does not guarantee acceptance. **A suitable supervisor must also be available.**

HHSC 351 must be successfully completed prior to commencing the honours thesis. Subsequent to admission, and to remain in the Honours program, students must maintain a minimum Semester GPA of 3.33 in each semester.

\*Students must achieve a minimum grade of B (3.0) in HHSC 490-6 to be granted the Honours designation.

Consultation with a student advisor is **required prior** to submitting an application. You must plan your courses to complete the prerequisites before beginning your thesis. \*Acceptance into the Honours program may change a student's calendar year requirement to the current year.

\_\_\_\_\_  
Advisor's signature

\_\_\_\_\_  
Date

Submit the following to the Health Sciences Undergraduate Administrative Assistant:

- 1. **This form** with the signature of a faculty member who has agreed to supervise your thesis (see our website [www.unbc.ca/healthsciences](http://www.unbc.ca/healthsciences) for a list of current faculty)
- 2. **A letter** attached to this application providing a brief description of the topic areas you would like to research with your supervisor for your Honours thesis.
- 3. **Transcripts:** Print an unofficial transcript from your student portal and submit with your application

Submit to the Health Sciences Programs Offices by May 31st of the application year.

You will be notified of the outcome of your application by **mail** during the summer.

Please specify your major:

- BioMedical Studies     Community & Population Health - Environmental Health  
 Community & Population Health - Aboriginal & Rural Health

Full Name – print	Signature	Student Number
Street Address (in the summer)	City/Town	Postal Code
Phone number	UNBC E-mail	Date

The faculty member who has agreed to supervise your thesis:

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Thesis Start Date

Note: It is your responsibility to talk with a supervisor in your area of research interest and get their signature

Month \_\_\_\_\_ Year \_\_\_\_\_

#### Administrative use only

Date Received

Date accepted

Letter of Acceptance sent

Program Chair Signature

Approval sent to Advising