

## PROGRAM PLANNING AND APPROVAL FORM

### MASTER OF SCIENCE IN HEALTH SCIENCES

#### STUDENT INFORMATION

Student ID: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Email: \_\_\_\_\_@unbc.ca Admit Date: \_\_\_\_\_ Status: Full-time Part-time

#### COURSE INFORMATION

Details for degree requirements are outlined in the [Graduate Calendar online](#). Indicate selections in the space provided below. The drop-down field allows for custom text entry where alternate course selection is permitted in a range of courses.

	Course #	Title	Credits
<b>Required Courses:</b>	HHSC 601	Principles of Epidemiology	3
	HHSC 795	Health Sciences Graduate Seminar	3
	HHSC 796	Health Research Seminar Series	1

One of:

One of:

**Electives:** (Chose **6 credits** in consultation with the supervisor)

**Thesis:** HHSC 790 Master of Science: Health Sciences Thesis 12

**Total Credits** (31 credits required):

Additional required courses or changes to the program of study:

#### APPROVAL SIGNATURES

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Program Chair

**OGP USE ONLY** Dean's review required? No Yes - date submitted for review: \_\_\_\_\_ Initials: \_\_\_\_\_  
**DEAN'S DECISION**  Approved  Additional information required  Denied  
 Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_