

PROGRAM PLANNING AND APPROVAL FORM DOCTOR OF PHILOSOPHY 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](#). At the discretion of their supervisory committee, students may be required to take additional courses within their area of concentration.

	Course #	Title	Credits
Required Course:	HHSC 800	Graduate Seminar I	6

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

Qualifying Examination and Dissertation Proposal Defence: must be completed within 2 years of first registration. Students must register in HHSC 820.

Dissertation:	HHSC 890	PhD Dissertation	12
----------------------	----------	------------------	----

Total Credits (24 credits required):

Additional required courses or changes to the program of study (supplemental information may be attached if needed):

APPROVAL SIGNATURES

Student Signature: _____ Date: _____

Supervisor Name: _____ Signature: _____ Date: _____

Co-Supervisor Name (if any): _____ Signature: _____ Date: _____

Program Chair: _____ Signature: _____ Date: _____

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: _____