

## 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 Courses:	HHSC 800	Graduate Seminar I	3
	HHSC 801	Graduate Seminar II	3

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	Qualifying Exam	
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: \_\_\_\_\_