

PROGRAM PLANNING AND APPROVAL FORM

MASTER OF ARTS/SCIENCE IN INTERDISCIPLINARY STUDIES

STUDENT INFORMATION

Student ID: _____ First Name: _____ Surname: _____

Email: _____@unbc.ca Admit Date: _____ Status: Full-time Part-time

COURSE INFORMATION

Select One: Master of Arts Thesis - IDIS 799 Master of Science Thesis - IDIS 798 12

Course #	Title	Credits
IDIS 704	Graduate Seminar in Interdisciplinary Studies	3

Electives: Choose 12 credits of coursework with a maximum of 2 courses from the same discipline (program).

Total Credits (minimum of 27 credits is 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: _____