

**PROGRAM APPROVAL FORM**  
MASTER OF SCIENCE IN BUSINESS ADMINISTRATION

**STUDENT INFORMATION**

Student ID: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

**COURSE INFORMATION**

Course selection must meet calendar requirements in order to be eligible for graduation.

	Course #	Title	Credits
<b>Core courses:</b>	COMM 662*	Research Methodology	3
	*An equivalent replacement research methods class can be identified in the changes to program field below.		
	COMM 760	Seminar in Business Administration	3
	COMM 762	Independent Research in Business Administration	3
<b>Elective courses:</b> (Choose <b>two</b> applicable graduate-level MBA courses from the *)			
	_____	_____	_____
	_____	_____	_____
*Electives must be graduate level courses with the possibility of applying 4th year undergraduate courses with the approval of the supervisor.			
<b>Statistics course:</b> (Choose one course)			
			3
<b>Thesis:</b>	COMM 763	Master's Thesis	12
<b>Total Credits</b> (30 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: \_\_\_\_\_