

**POST GRADUATE
DIPLOMA
GRADUATE PROGRAM
APPROVAL FORM**

| | | | | |
|--|-------------|---|---|--|
| Name | | | | |
| Address | | | | |
| Telephone | | | | |
| Education (list all previous degrees completed) | | | | |
| University | Degree | Year Obtained | Field of Specialization | |
| | | | | |
| | | | | |
| | | | | |
| Relevant Professional Experience (summarize all work experience relevant to your proposed program) X | | | | |
| Category of Graduate Student | Provisional | | Regular | |
| Classification of Graduate Student | Full-time | | Part-time | |
| Host Department | | | | |
| Area of Specialization | | | | |
| Supervisory Committee (consists of a minimum of 4 graduate faculty, at least one of these 4 must be from a Department other than that in which the student is registered) A list of graduate faculty can be found in the Graduate Faculty folder on the g drive. | | | | |
| | Name | Please Indicate if Graduate Faculty Status is "Appointed" | Please indicate if Graduate Faculty Status is "Pending" | |
| (Chair) | | | | |
| (Member) | | | | |
| (Member) | | | | |
| (Member) | | | | |

| | | | |
|----------|--|--|--|
| (Member) | | | |
| (Member) | | | |

Funding

a) Research Operating Support

| Source | Start Date | End Date | Amount |
|--------|------------|----------|--------|
| | | | |
| | | | |

b) Graduate Student Personal Support

| Source | Start Date | End Date | Amount |
|--------|------------|----------|--------|
| | | | |
| | | | |

Comments on funding arrangements:
 x

Title and Brief Description (~100 words) of Research Project
 x

Proposed Graduate Courses (required to complete courses totalling a minimum of 16 credit hours of which at least four are substantive courses).

| Course # | Course Name | Credits | Expected Completion Date | Institution |
|----------|------------------|---------|--------------------------|-------------|
| | Research Project | | | |
| V 890 | Seminar | 1 | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
| Anticipated date of Final Examination x | | | | |
| Signatures | | | | |
| Student | | | | |
| Program Supervisor | | | | |
| Department Chair | | | | |
| Date | | | | |