

**MVSc
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				
Degree Program	MVSc		MVSc/Residency	
Category of Graduate Student	Provisional		Regular	
Classification of Graduate Student	Full-time		Part-time	
Host Department				
Area of Specialization ¹				

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. Graduate Faculty from other faculties can be found on the website under the UPEI Calendar.

	Name and Department	Please Indicate if Graduate Faculty Status is "Appointed"	Please indicate if Graduate Faculty Status is "Pending"
(Chair)			
(Supervisor/Co-Supervisors)			
(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 32 credits hours of which at least 8 are substantive courses).				
Course #	Course Name	Credits	Expected Completion Date	Institution
V 860	Research Project	6		
V 890	Seminar	1		
Anticipated date of Final Examination				
Signatures				
Student				
Program Supervisor				
Department Chair				
Date				

¹ Department of Companion Animals

Department of Health Management

Department of Pathology and Microbiology