

MA/MSc Program Outline

PERSONAL DATA

Surname: _____ **Given:** _____
Address: _____ **Home phone:** _____
City: _____ **DOB:** _____
Province: _____ **UBC #:** _____
Postal Code: _____ **SIN:** _____
e-mail: _____

Emergency Contact Info

Name: _____ **Phone #1:** _____
Phone #2: _____

ACADEMIC INFORMATION

Degree: _____ **Start Date:** _____
Supervisor: _____ **Co-Supervisor:** _____
Committee: _____ **Committee:** _____
Committee: _____ **Committee:** _____
Proposed: _____ **Defended:** _____

PROPOSED COURSE WORK

| 500 Level Course Work (min 12 credits) Required Course = HKIN 570 or approved equivalent | | | | 300/400 Level (max 6 credits) |
|---|----------|----------|----------|----------------------------------|
| 1. HKIN 570 or equivalent | 3. _____ | 5. _____ | 7. _____ | 1. _____ |
| 2. _____ | 4. _____ | 6. _____ | 8. _____ | 2. _____ |

COMPLETED COURSE WORK - 18 credits + 12 credits for thesis = **30**

| | | | | |
|---------------------|----------|----------|----------|----------|
| 1. _____ (required) | 3. _____ | 5. _____ | 7. _____ | 1. _____ |
| 2. _____ | 4. _____ | 6. _____ | 8. _____ | 2. _____ |

TEACHING ASSISTANTSHIPS

1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

GRADUATE AWARDS

| Award Year | Awards | Amount |
|------------|--------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

FUNDING PROVIDED BY SUPERVISOR

| Year | Source | Amount |
|------|--------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |

EXTENSIONS LOA

«Extension»

«LOA»



ADEQUATE PROGRESS

YES NO

SIGNATURES

Supervisor _____
 Student: _____
 Date: _____

NOTE: Student and Advisor should each retain a copy of this Program Outline, as well as ensuring the **original is returned to the KIN Graduate Office by December 31.**

OVER →

PROGRAM OUTLINE – Thesis/Major Paper

Topic:

Description (brief):

Goals for current year – describe intended accomplishments