## MVSc GRADUATE PROGRAM APPROVAL FORM

Name							
Address							
Telephone							
Education (list all previous degrees completed)							
University				Degree Year Obtained		Field of Specialization	
Relevant Pro X	fessional F	Experience (sum	marize all work ex	perience r	relevant to y	our proposed prog	gram)
Degree Program			MVSc		MVSc/Residency		
Category of Graduate Student			Provisional			Regular	
Classification of Graduate Student		Full-	Full-time		Part-time		
Host Departr	ment						
Area of Specializatio	n <mark>l</mark>						

under the UPEI Calendar.	Name		ndicate if e Faculty Status pinted"	Please indicate if Graduate Faculty Status is "Pending"	
(Chair)		та тър-			
(Supervisor/Co-Supervisors)					
(member)					
(member)					
(member)					
Funding					
a) Research Operating Sup	pport				
Source		Start Date	End Date	Amount	
b) Graduate Student Perso	nal Support				
Source		Start Date	End Date	Amount	
Comments on funding arrangement X	nts:				
Title and Brief Description (~100 X	words) of Research Pro	oject			

	raduate Courses (required to complete cost substantive courses).	ourses totalling a n	ninimum of 32	credits hours of which
Course #	Course Name	Credits	Expected Completion Date	Institution
VHM 801	Veterinary Biostatistics	3		
V 860	Research Project	6		
V 890	Seminar	1		
Anticipated	date of Final Examination			
Signatures				
Stud	ent			
Prog	gram Supervisor			
Depa	artment Chair			
Date	;			

## <sup>1</sup> Department of Companion Animals

Small Animal Medicine Small Animal Surgery Cardiology Diagnostic Imaging

## **Department of Health Management** Large Animal Medicine

Large Animal Medicine
Large Animal Surgery
Theriogenology
Population Medicine
Aquatic Food Animal Medicine
Equine Clinical Sciences
Food Animal Clinical Sciences

## **Department of Pathology and Microbiology**

Morphologic Pathology
Wildlife Pathology
Clinical Pathology
Parasitology
Virology
Public Health
Immunology
Aquatic Animal Health
Biosecurity
Virology
Bacteriology