

**COURSES TAKEN IN PARTIAL FULFILLMENT OF REQUIREMENTS
FOR THE MASTER OF SCIENCE DEGREE**

NAME OF STUDENT: _____

LIST OF COURSES APPROVED BY THE SUPERVISORY COMMITTEE:

Course Number	Course Title
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURES OF SUPERVISORS AND MEMBERS OF SUPERVISORY COMMITTEE:

_____	(signature)	_____	(print name)
_____	(signature)	_____	(print name)
_____	(signature)	_____	(print name)
_____	(signature)	_____	(print name)
_____	(signature)	_____	(print name)

DATE APPROVED: _____

COURSES COMPLETED:

Course Number	Course Title	Mark
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____