STUDENT NAME: ____________________________ Student Number: ___________________
seeking approval for MBB 806 enrolment in Summer / Fall ___________________
(year)

Area of Proposed Research (provide sufficient details to explain general areas):

** Recommended Peripheral Area(s) of Knowledge (summarise in list form):
MBB 806 PhD Candidacy – Application Form (2nd page)

Student Signature __________________________ (date)

Supervisory Committee Consent:

______________________________________ __________________________ ____________
Supervisor (print name) (sign) (date)

______________________________________ __________________________ ____________
Committee member (print name) (sign) (date)

______________________________________ __________________________ ____________
Committee member (print name) (sign) (date)

______________________________________ __________________________ ____________
Committee member (print name) (sign) (date)

Committee members: By signing this form you indicate that you approve of the enrolment in MBB 806 (PhD Graduate Research Candidacy Examination), and have discussed the ** recommendation for peripheral knowledge. 

Please submit this form with student and committee signatures to the course instructors no later than the last day of examinations in the semester prior to enrolment.
Enrolment Approval:

_____________________________________         _______________________  ____________
Course Instructor (print name)   (sign)    (date)

_____________________________________         _______________________  ____________
Course Instructor (print name)   (sign)    (date)