

## MBB 806 PhD Candidacy – Application Form

STUDENT NAME: \_\_\_\_\_ Student Number: \_\_\_\_\_

seeking approval for MBB 806 enrolment in     Spring / Summer / Fall     \_\_\_\_\_  
(year)

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

**\*\* Recommended Peripheral Area(s) of Knowledge** (summarise in list form):

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
(date)

### **Supervisory Committee Consent:**

\_\_\_\_\_  
**Senior 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)