DALHOUSIE UNIVERSITY

Department of Oceanography

GRADUATE STUDENT PROGRAM FORM

STUDENT NAME:
STUDENT NUMBER:

DEGREE PROGRAM:
AREA OF SPECIALIZATION: (please circle)   Physical Oceanography   Biological Oceanography   Geological Oceanography   Chemical Oceanography

REQUIRED COURSES FOR PROGRAM (INDICATE ALL REQUIREMENTS; INCLUDE BOTH COURSE NUMBER AND CREDIT VALUE)

COURSE	# CREDIT HOURS	COURSE	# CREDIT HOURS	COURSE	# CREDIT HOURS
E.G. **OCEA 5120**	E.G. **.03**				

CREDITS AUDITED:
ANCILLARY CREDITS (E.G. UNDERGRADUATE COURSES NOT REQUIRED TO COMPLETE THE PROGRAM):

NAME(S) OF SUPERVISOR(S):	
NAMES OF COMMITTEE MEMBERS (IF KNOWN):	

STUDENT SIGNATURE:		DATE:	
SUPERVISOR SIGNATURE:		**DATE:**	