Master's Program Add/Delete Approval Form					
<ul> <li>□ Adult/Post- Secondary Education</li> <li>□ Inclusive Education</li> <li>□ Cross-Cult.,Soc&amp; Phil Fdn in Ed</li> <li>□ Studies in Contemplative, Holistic, and Integrative Education</li> <li>□ ACE   Arts, Community and Education Concentration</li> </ul>	<ul> <li>□ Educational Administration</li> <li>□ Language &amp; Literacy</li> <li>□ Critical Perspectives in Curriculum, Teaching and Pedagogy</li> <li>□ Indigenous (First Nations/Métis/ Inuit) Perspectives in Curriculum, Teaching and Learning</li> </ul>	<ul> <li>□ Counselling Psychology</li> <li>a, □ Second Language Educ</li> <li>□ Studies in Mathematics Education and Science Education</li> </ul>			Faculty of Education
Thesis-based Route (minimum of 18 cr. hrs. [Course-based Route (minimum of 30 cr. hrs. ]					
Name	Student Number		Date		
Program Advisor	University Email				
Core courses		Credit Hours	+ Year to be taken	Comp'd	Comments
ADD:					
DELETE:					
DELETE.					
Research Courses					
ADD:					
DELETE:					
Concentration					
ADD:					
DELETE:					
ADD:					
DELETE:					
ADD:					
DELETE:					
Electives	-		+		
ADD:					
DELETE:					
TOTAL CREDIT HOURS					
+ A future graduate course offering schedule is p students should plan column "Yr to be taken" in the course in that year.					

My initials indicate that I have reviewed this program plan with the student. We understand that this plan may change due to scheduling changes or student needs interest and that when the plan changes, an add/delete form will be completed as soon as possible.

## Advisor Initials