

DEPARTMENT OF FOOD SCIENCE
GRADUATE STUDENT REGISTRATION APPROVAL FORM

Session: _____ DATE: _____

Name: _____ Student No: _____

Address: _____

E-mail Address: _____ Tel No _____

Program: Pre-Masters _____ M.Sc. _____ New _____ Former _____

Student Studies: F/T _____ or P/T _____ Expected Date of Graduation: _____

Academic Program

Course#	CRN	Term	Course#	CRN	Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ GRAD 7000 M.Sc. Thesis _____ GRAD 8000 Ph.D. Thesis _____ Annual Report

_____ GRAD 6000 M.Sc (L01 May admission) (L02 July Admission)

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Department Approval: _____ Date: _____

Office Use only: Student copy _____ Date: _____ Signature: _____

Block Removed _____ Date: _____ By _____

Registration confirmed: _____ Date: _____ By: _____