**MDCH GRADUATE COURSE REQUIREMENTS AND APPROVAL**

The supervisory committee is charged with the responsibility of reviewing the academic history of new students within the first semester of graduate training and recommending both remedial and graduate courses. It is expected that all students in the Community Health Sciences graduate program (MDCH) complete the required courses as listed in the specialization requirements of their Calendar Admission Year (<https://www.ucalgary.ca/pubs/calendar/>):

* Biostatistics
* Community Rehabilitation & Disability Studies
* Epidemiology (Clinical & Healthcare Included)
* Health Economics
* Health Services Research
* Medical Education
* Population/Public Health

Requests for Directed Study courses (i.e. MDSC 755 or MDCH 700) must be evaluated by the CHS Graduate Program Director prior to review and approval from the Associate Dean (Graduate Science Education). The actual amount of coursework to be undertaken by a student is determined by the supervisor and supervisory committee and is subject to approval by the Graduate Program Director. If a student's knowledge is deficient in any of the required courses the supervisory committee should recommend that the student take appropriate undergraduate or graduate level courses to gain sufficient knowledge in those areas. Courses below the 500 level do not count towards fulfillment of the graduate program requirements. Please indicate the remedial and graduate courses to be taken below.

Each graduate student is required to attend the Research Integrity (RI) workshop once during their program. It is also expected that students will attend the weekly seminars presented by other students in their group.

Graduate students must take the required instructional courses concerning laboratory biohazards, radiation safety, and WHMIS, as well as instruction in the use of live animals in research when appropriate.

This form is to be returned to the MDCH Graduate Program Administrator **within six months** of a graduate student entering their graduate program **or** transferring to a PhD program.

**Any reductions, substitutions, or exemptions etc. in course load MUST BE APPROVED by the Program Director in advance of completing this form and should be indicated in the Notes section on the following page.**



|  |  |  |  |
| --- | --- | --- | --- |
| Student Name | UCID | Degree Specialization | Degree start date |

**Courses Recommended by Supervisor and Supervisory Committee**:  
In the table below, please list your plan for completing the course requirements of your program.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Course Number** | **Status** | **Term** |
| **Program Required Courses** | MDCH 600 | Choose an item. |  |
| Choose an item. | Choose an item. |  |
| Choose an item. | Choose an item. |  |
| Choose an item. | Choose an item. |  |
| **Specialization Required Courses** |  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
| **Electives** |  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |
| **Other**  (e.g. approved advanced credit, proposed transfer courses, etc.) |  | Choose an item. |  |
|  | Choose an item. |  |
|  |  |  |

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| --- | --- |
| **Notes**  For our office’s reference, please use this text box to provide any additional and useful information pertaining to your course requirements and/or completion timeline. |  |

**Approval of Supervisor and Supervisory Committee**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Student |  | Signature |  | Date |
| Supervisor |  | Signature |  | Date |
|  |  |  |  |  |
| Co-Supervisor |  | Signature |  | Date |
|  |  |  |  |  |
| Supervisory Committee Member |  | Signature |  | Date |
|  |  |  |  |  |
| Supervisory Committee Member |  | Signature |  | Date |
|  |  |  |  |  |
| Supervisory Committee Member |  | Signature |  | Date |
|  |  |  |  |  |
| Supervisory Committee Member |  | Signature |  | Date |
|  |  |  |  |  |
| Graduate Program Director |  | Signature |  | Date |