MEDICAL GENETICS GRADUATE PROGRAM

**PROPOSED COURSEWORK approval FORM**

**FOR INCOMING MEDICAL GENETICS STUDENtS 2018W**

**Deadline: First week of classes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** |  | **Student Number:** |  |

|  |  |  |
| --- | --- | --- |
| Course # | **Course Title** | **Credits** |
|  | In addition to MEDG 549/649 (MSc/PhD Thesis): |  |
| 520\* | Advanced Human Molecular Genetics | 3 |
| 530\* | Human Genetics | 3 |
| 548\* | Directed Studies (**circle 3 or 6 credits**) | 3 or 6 |
|  | Elective #1: | 3 |
|  | Elective #2: | 3 |
|  | Elective #3: (if taking 3 credits of MEDG 548) | 3 |
|  | **Total Credits:** | **18** |

\*Core required courses

Studentstaking **MEDG 545** - indicate below the name of the Journal Club you will be attending:

|  |
| --- |
|  |

**Supervisor’s approval of student’s proposed coursework**:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor’s Signature |  | Date |

**Course requirements should be completed during the first two terms of the graduate program**. Students who wish to take a course after their first year (including auditing a course), must receive permission from their research supervisor, Advisory Committee and the Graduate Advisor, Dr. Matt Lorincz. If you decide to change an elective, you must forward a revised, signed “Proposed Coursework Approval Form” to the Program office at the address below.

## Please return this signed form to the Medical Genetics Program Office:

Medical Genetics Graduate Program, UBC

Life Sciences Centre

Room 1364 - 2350 Health Sciences Mall

Vancouver, B.C. V6T 1Z3

[medical.genetics@ubc.ca](mailto:medical.genetics@ubc.ca)

Office only:

Approval:

Dr. Matthew Lorincz, Graduate Advisor Date