



Complete sections A to E. This form should be used for students seeking admission to a collaborative specialization, where the student's home department does not normally participate in that specialization.<sup>1</sup>

Student Name:		Student Number:
Degree:	Department:	Session:
Collaborative Specialization:		

**A. List the requirements the student must satisfy for the collaborative specialization.**

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**B. List the requirements the student must satisfy for the degree program.**

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**C. Indicate collaborative specialization requirements that will be part of the degree program requirements.**

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**D. Indicate collaborative specialization requirements in addition to the degree program requirements.**

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**E. Rationale for request (explain how the collaborative specialization relates to the degree program).**

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Student's Signature:		Date:
Home Chair/Coordinator: (sign and print name)	Dept:	Date:
Director of Collaborative Specialization: (sign and print name)	Dept:	Date:
Vice-Dean, Students, School of Graduate Studies:		Date:
For SGS Use New Subject POST:	Start Date:	End Date:
Subject POST created by:		Date:
Subject POST entered by:		Date:

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<sup>1</sup> Graduate units should become signatory to collaborative specialization if requests from students occur more than rarely. See SGS Student Services and ROSI Manual, section 4.3 for more information.