

Registration in a Collaborative Specialization

This form with appropriate signatures must be returned to the School of Graduate Studies.

Note: This form is to be completed by a graduate student who wants to register in one of Trent University's approved graduate collaborative specializations. A collaborative specialization is an intra-university graduate field of study that provides an additional multidisciplinary experience for students enrolled in and completing the degree requirements for one of a number of approved masters and/or doctoral programs. Students meet the admission requirements of and register in the participating (or "home") program but complete, in addition to the degree requirements of the program, the additional requirements specified by the collaborative specialization. The degree conferred is that of the home program, and the completion of the collaborative specialization is indicated by a transcript notation indicating the additional specialization that has been attained.

Section A - Student Information

Surname		Given Name(s)	
Student Number		Email	
Graduate Program ("Home")		Level of Study (check one)	Masters <input type="checkbox"/> Doctoral <input type="checkbox"/>
Collaborative Specialization		Name Of Supervisor(s)	
Attach a detailed description of your planned research (check box to confirm) <input type="checkbox"/>			
Student Signature		Date	

Section B - Supervisor & Collaborative Specialization Review

B1. Supervisor(s) has reviewed planned research and supports this collaborative specialization.

Support <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Other	
Supervisor Signature		Date	

B2. A committee of the collaborative specialization has reviewed the above student's application.

Support <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Other	
Collaborative Specialization Director Signature		Date	

Section C - Graduate Program (“Home”)

Graduate Director Signature		Date	
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Section D - School of Graduate Studies

Dean of Graduate Studies Signature		Date	
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FOR OFFICE USE ONLY:

START TERM:		Colleague Updated <input type="checkbox"/>	Student notified <input type="checkbox"/>
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The information on this form is collected under the authority of the Trent University Act, 1963 and is needed to document your request. The information will be used to officially record your request and to update your academic record if your specialization is granted. If you have any questions about the collection, use or disclosure of this information by the University, please contact the University Registrar, Office of the Registrar, Blackburn Hall, 705-748-1215, registrar@trentu.ca.

Trent University, School of Graduate Studies, Peterborough ON, CANADA K9L 0G2 Phone: 705.748.1011 x 7245