

LAST, FIRST NAME _____ YEAR _____

YORK GRADUATE PROGRAM IN HEALTH – MY CHECKLIST
HLTH MA: FULL-TIME STUDIES (3 terms of continuous registration)

| Term | My Dates | Task | Check |
|----------------------|-----------------|---|--------------|
| <u>Term 1</u> | | <ul style="list-style-type: none"> • Design plan of studies in conversation with advisor and assistance from Graduate Program Director as needed. Enrol in core, field specific and elective courses across Fall and Winter terms • Complete courses as per degree requirements • Begin search of supervisor/advisor | |
| <u>Term 2</u> | | <ul style="list-style-type: none"> • Complete remaining courses as per degree requirements • Complete search of supervisor/advisor • Draft MRP proposal • Submit MRP committee form to Graduate Program Administrator | |
| <u>Term 3</u> | | <ul style="list-style-type: none"> • Complete MRP • Defend MRP | |

MA: PART-TIME STUDIES (6 terms of continuous registration)

| | | | |
|----------------------|--|--|--|
| <u>Term 1</u> | | <ul style="list-style-type: none"> • Design plan of studies in conversation with advisor and assistance from Graduate Program Director as needed. • Choose courses so that requirements are met by the end of Term 4 or earlier. • Enrol in core, field specific and elective courses across Fall and Winter terms selected for 1st year | |
| <u>Term 2</u> | | <ul style="list-style-type: none"> • Begin search of supervisor | |
| <u>Term 3</u> | | <ul style="list-style-type: none"> • Obtain supervisor and advisor | |
| <u>Term 4</u> | | <ul style="list-style-type: none"> • Enrol in core, field specific and elective courses across Fall and Winter terms selected for 2nd year • Submit MRP committee form to Graduate Program Administrator • Complete MRP proposal | |
| <u>Term 5</u> | | <ul style="list-style-type: none"> • Submit first draft of MRP to committee | |
| <u>Term 6</u> | | <ul style="list-style-type: none"> • Complete MRP • Defend MRP | |