



**MEng Proposed Program of Study Form**

**CONFIDENTIAL**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Specialization (optional - your MEng program must include all mandatory courses from your specialization area if you choose to specialize. If you choose to specialize, the specialization coordinator must sign in this area.)

Advanced Water Treatment Tech. & Process Design  
 Building Science  
 Concrete  
 Construction Management  
 Geomechanics

Environmental Engineering  
 Sustainable Urban Systems  
 Transportation Engineering and Planning  
 Structural Engineering

Coordinator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By applying to enroll in the following courses you take responsibility for ensuring that you meet all prerequisite requirements.

	COURSE CODE	COURSE TITLE	SESSION	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				(11th course - optional)
12				(12th course - optional)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I plan to complete the ELITE certificate program.

Assoc. Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am proposing an MEng project. <SEE REVERSE>>



## MEng Project Proposal

By applying to enroll in the following courses you take responsibility for ensuring that you meet all prerequisite requirements.

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Project Supervisor Name: \_\_\_\_\_

Project Weight:	<input type="radio"/> One Course Equivalent Project (4 months normal length)
	<input type="radio"/> Two Course Equivalent Project (8 months normal length)

Start Date:	<input type="radio"/> September	Year
	<input type="radio"/> January	_____
	<input type="radio"/> May	_____

End Date:	<input type="radio"/> December	Year
	<input type="radio"/> April	_____
	<input type="radio"/> August	_____

Project Title: \_\_\_\_\_

Description:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_