



**CBE 9982 Course Enrollment Request Form
M.Eng Research Project**

Working Title: _____

Name: _____

Student Number: _____

Signature: _____

Date: _____

Faculty Advisor: _____

Signature: _____

Date: _____

To be completed by CBE Graduate Coordinator

Date of Academic Plan Change/Registration in CBE 9982: _____

Cumulative Average: _____

Progress Report Due: _____

Submission of Final Project: _____

Approval:

MEng Coordinator: _____ Date: _____

CBE Graduate Coordinator: _____ Date: _____