

**Faculty of Engineering
Department of Electrical and Computer Engineering
PROPOSED M.Eng. PROGRAM**

Student Name:	Student ID:
Student Email Address:	Start Date of M.Eng. Program:
Stream of Study	
Communications Robotics Software Power Eng in Med.	

COURSES TO BE TAKEN AT UWO

Term	Course Number	Title	1.0/0.5	Instructor

Project Topic (if applicable): _____

***Any course not listed on the approved course list must have department approval BEFORE you enrol in the course online. Any course taken without department approval (revision of proposed program form) may not be counted towards the M.Eng degree.**

M.Eng. Chair Comments:

Student Signature: _____

Date: _____

M.Eng. Graduate Chair

Date