



## Request Program Change: MEng to MEng Program

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

Student #: \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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

Date:  
\_\_\_\_\_

For Office Use only:

Received at ECE Office:	Signature:
Date Processed:	Signature:

*Revised June 16, 2014*