

PLEASE PRINT Faculty of Engineering and Computer Science

I.D. # _____ DATE: Day / Month / Year

FAMILY NAME(S) _____

GIVEN NAME(S) _____

PROGRAMME (Engineering Students Only)

- M. Eng: (Course option) Name of Program Visiting
- M.A.Sc. (Thesis option) (i.e. QSE, ISS) Independent
- Ph.D. _____
- Certificate _____

APPROVAL

Thesis Supervisor - please print and sign (for M.A.Sc. or Ph.D. only) _____

GPD or chair - please print and sign _____

Authorized Departmental Advisor - please print and sign _____

I authorized a representative of the department to make the above listed changes.

Student signature

Student's E-mail Address: _____

Graduate **ENGINEERING** Course Change Form

COURSE SELECTION – Enter all Appropriate Course Information (refer to the graduate schedule and registration information booklet)

COURSE CODE (i.e. ENGR)	COURSE NUMBERS	TERM (1/2 /3/4)	SECTION (s)
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ADD

_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____

DROP

_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____

AUDIT

_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____

**AUDIT to
CREDIT**

_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____

**CREDIT to
AUDIT**

_____	_____	____/____/____	____ ____ ____
_____	_____	____/____/____	____ ____ ____