

**MEng Project Enrollment Request Form**

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

Student Number: \_\_\_\_\_ Academic Plan: \_\_\_\_\_

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

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

Faculty Advisor: \_\_\_\_\_

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

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

Second Examiner: \_\_\_\_\_

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

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

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

Please complete the following training and send a copy of your completion certificate with this form: Laboratory Safety & Hazardous Waste Management

---

---

**To be completed by CEE Graduate Assistant:**

Cumulative Average: \_\_\_\_\_

Progress Report Due: \_\_\_\_\_

Submission of Final Project: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

**Approval:**

MEng Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Milestone Added: \_\_\_\_\_

Date of Academic Plan Change: \_\_\_\_\_

CEE Graduate Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_