



PROPOSED MEng PROGRAM

Student's Name:	Student ID#:
Student Email Address: _____@uwo.ca	
Date of Initial Registration in MEng Program:	
Proposed Program: Engineering in Medicine <input type="checkbox"/> Course based <input type="checkbox"/> Project based	

COURSES TO BE TAKEN AT WESTERN

Type	Term (W2016, etc)	Course Number	Course Title
Eng Science course			
Eng Science course			
Professional Eng course			
Professional Eng course			
Eng in Medicine course			
Eng in Medicine course			
Eng in Medicine course			
Eng in Medicine course			
Project course			

Project Topic (if applicable): _____

***Any courses not listed on the approved course list must have approval BEFORE you enroll in the course online.**

Student's Signature: _____ Date: _____

<p>MME Office Use Only</p> <p style="text-align: center;"><u>PROGRAM APPROVAL</u></p> <p style="text-align: center;">X</p> <hr/> <p>MEng Program Coordinator</p>	<p style="text-align: center;">X</p> <hr/> <p style="text-align: center;">Associate Chair Graduate Professional Programs</p>
<p>Comments:</p>	