

Surname	
Given Names	Number

SCHOOL OF ENGINEERING

M.ENG. EXAMINATION REQUEST FORM

The undersigned, as members of the Advisory Committee certify that we have reviewed the abovenamed student's written project and that the student is sufficiently prepared to complete the written and oral requirements for the M.Eng. degree.

		READY	NOT READY
		[]	[]
		[]	[]
		[]	[]
Advisor			
Student's signature		- Date	
□ I recommend that	this examination p	proceed.	
□ I do not recommer	nd that this examir	nation proceed at the pi	resent time.
Graduate Co-ordinator		Date	
To be completed by the Efollowing the oral examinat		nittee members and su	bmitted immediately
Date of Examination:			
Project Title:			
Grade:			
Advisor		Date	
Member of Examining Com		Date	