

MEng Project Examination Committee Approval Form

Student Name		Student ID			
Supervisor		Area of Specializat	Area of Specialization		
MEng Project Title					_
First Term of Study			Expected Term of Completion		
mittee to review and we minimum of three mer	vill establish an E mbers: the stude dent's program v	Examining Committee. Tent's supervisor(s), the Avho a YSGS member, or Y	he Exam ssociate	ining Comn Chair or de	signate, and one faculty
		Name		Department/University	
Chair					
Member					
Member					
Project Examination	Due Date:				
	NOTE: No Ora	al Examination is requir	ed for t	he MEng F	Project.
Student's Signature				Date	
Supervisor's Signature				Date	
Associate Chair's Signature				Date	