



**MECHANICAL AND INDUSTRIAL ENGINEERING GRADUATE PROGRAM
YEATES SCHOOL OF GRADUATE STUDIES
MEng Project Presentation Scheduling Form**

Student Name:		Student ID:	
Project Title			
Expected term of Program Completion:	Fall	Winter	Spring/Summer
Year: _____			
Thesis/Project Supervisor(s):			

Project Examining Committee

_____	_____
<i>Chair</i>	<i>Department</i>
_____	_____
<i>Member</i>	<i>Department</i>
_____	_____
<i>Member</i>	<i>Department</i>
_____	_____
<i>Member</i>	<i>Department</i>
_____	_____
<i>External Member (optional)*</i>	<i>Affiliated University/Company</i>

*Please complete this section for any External Member in the Examining Committee:

Name:		Position:	
University Affiliation:	Phone Number:	E-mail:	

Project Examination Date: _____ **Time:** _____ **a.m./p.m.** **Room:** _____
DD/MM/YY

 Student's Signature Supervisor's Signature

This Project is examinable: Yes No

 Program Director's Signature Date

If any multimedia presentation equipment is required for the examination, students are responsible in making advance booking arrangements with the Media Services office located in room KHE227 (ext. 4444).