

## MEng/MASc/PhD Program of Study

In consultation with the student, the Faculty Supervsor will recommend an initial Program of Study. The Program of Study establishes the student's plan of courses and research, which the student will following in completeing their degree requirements. This is a starting point for the student's record. This form should be completed within the first four weeks of the first term of enrollment.

Last OR Family Name :		First Name :	Student	Student ID:	
Degree:	Area of Specialization:	First Term of Registration:	Expected	Expected Completion Date:	
unt und	il the completion of my deg	e studet, I am reuired to maintain ree, unless on a program-approve ency for a full-time MEng FT/MAS student is 24 months.	d LOA or withdrawn f	rom the program.	
SUPERVISO	R INFORMATION				
Supervisor's Name:		Signature:	Signature:		
Co-Supervisor's	Name:	Signature:	Signature:		
arrangements for	-	vith Environmental Health and Safe supervision (TMU ext. 553770, or ON HISTORY		ssary OHS training	
Course Code		ourse Title	Term to be Taken	Term Completed/ Dropped	
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