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

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

*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).