

# Registration Form for MSE 498

**SEMESTER:** \_\_\_\_\_

On-line registration is *closed* for MSE 498. In order to register for this course, you must complete and return this form to the Undergraduate Program Assistant in the Mechatronic Systems Engineering office before the end of the first week of classes. *Once this is done, you will be registered in the course.*

<b>Name:</b>		<b>Credit Hours Completed:</b>	
<b>Student #:</b>		(minimum 115 credits)	
<b>Email:</b>		<b>Co-op Courses Completed:</b>	

**Committee Chair:**

1. Name and Organizational Affiliation (i.e., SFU or MSE): \_\_\_\_\_ P.Eng.  Yes  No

**Role on Committee** (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Supervisor    | <input type="checkbox"/> Academic and Technical Supervisor   |
| <input type="checkbox"/> Co-Academic Supervisor | <input type="checkbox"/> Co-Academic/Co-Technical Supervisor |

**Other Committee Members:**

2. Name and Organizational Affiliation (i.e., SFU or MSE): \_\_\_\_\_ P.Eng.  Yes  No

**Role on Committee** (check one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Technical Supervisor   | <input type="checkbox"/> Co-Technical Supervisor             | <input type="checkbox"/> Committee Member |
| <input type="checkbox"/> Co-Academic Supervisor | <input type="checkbox"/> Co-Academic/Co-Technical Supervisor |   |

3. Name and Organizational Affiliation (i.e., SFU or company): \_\_\_\_\_ P.Eng.  Yes  No

**Role on Committee** (check one):

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Co-Technical | <input type="checkbox"/> Committee Member | <input type="checkbox"/> Co-Academic Supervisor |
|---------------------------------------|---|---|

**Confidentiality** (to be signed by Academic Supervisor and Technical Supervisor):

Is this thesis project confidential?  Yes  No

The proposal should be held as confidential for \_\_\_\_\_ (maximum 2 years)

and the thesis should be held as confidential for \_\_\_\_\_ (maximum 2 years).

**Academic Supervisor:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Technical Supervisor:** \_\_\_\_\_ Phone: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_