## **MIE498 Thesis Enrollment Form**

Faculty of Applied Science and Engineering – Department of Mechanical and Industrial Engineering

## RETURN FORM TO: MIE Undergraduate Office, Department of Mechanical and Industrial Engineering, MC109.

## **Enrollment Procedure:**

- · Contact MIE faculty members whom you are interested in working with: http://www.mie.utoronto.ca/faculty/
- Once you have found a faculty member who will supervise you, submit this **thesis enrollment form** to the MIE Undergraduate Office. **Ensure that your supervisor signs the form.**
- Attach a 1-page outline of the project you plan to undertake.
- Return the form to the MIE Undergraduate Office Department 5 business days prior the last day to add courses.
- If approved, your research thesis will be added to your record on ACORN by the MIE UG Office. If it is not approved, we will notify you and your supervisor by email.

FIRST NAME:	LAST NAME:
EMAIL:	PHONE NUMBER:
STUDENT NUMBER:	PROGRAM: 🗌 Mechanical 🗌 Industrial
Do you have a thesis partner?	o ☐ Yes, his/her name is
COURSE NUMBER (Please check only o	one box)
	er) IMIE498H1S (January – April) IMIE498H1Y (September – April)
STUDENT PERCENTAGE AVERAGE (	(please omit courses from the summer term when calculating your average):
Percentage Average of 2nd Year:	
Percentage Average of 3rd Year:	Combined Percentage Average of 2nd and 3rd Year:
	thesis course must be obtained from the MIE Undergraduate Office (MC109) and is e of 75% or higher in their second and third years of study. This criterion may be relaxed ritten approval of the supervisor.
THESIS SUPERVISOR:	EMAIL:
Proposed Thesis Topic:	
*Noto: Applicante MUST attach a proposal (a	approximately 1 page in length)
*Note: Applicants MUST attach a proposal (a	approximately i page in lengur).
Supervisor Confirmation	
Supervisor Confirmation Supervisor's Name ( <i>please print</i> ):	
Supervisor Confirmation Supervisor's Name ( <i>please print</i> ):	Date:
Supervisor Confirmation Supervisor's Name ( <i>please print</i> ):	Date:
Supervisor Confirmation         Supervisor's Name (please print):         Supervisor's Signature:         Student Signature:	Date:

The University of Toronto respects your privacy. The information on this form is collected to pursuant section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act.

If you have any questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office; room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, On M5S 1A1, Tel: 416-946-5835