

Electrical and Computer Engineering (ECE) Department PO Box 3055 STN CSC Victoria BC V8W 3P6 Canada Tel: 250-721-6036 Fax: 250-721-6052

Email: engradv2@uvic.ca

REQUEST FOR OPTION

Name of Student:Surname	First Name
UVIC Student Number:	_ UVIC Email Address:
Students are responsible for completing all requirements for their chosen option as required by the ECE department http://www.ece.uvic.ca/ugrad/undergraduate.shtml	
Please specify your degree program:	
BEng Degree:	
☐ Bachelor of Engineering – <i>Electrical</i>	
☐ Bachelor of Engineering – Computer	
Please specify your option:	
Option:	
List courses:	
It is advisable to apply for the Biomedical Engineering Option by April 1st, during term 1B	
Please read the following carefully:	
 Should I decide to change my declared program above, I <u>must</u> notify my Academic Advisor in writing as soon as possible. I realize that program changes will not be made automatically based on course registration or by meeting the requirements for another program. 	
In no case will a program change be processed after my degree has been awarded.	
 I understand that it is my responsibility to ensure that my degree program requirements are completed. 	
I have planned with my Academic Advisor the schedule of courses.	
Signature of Student	Date
Signature of Academic Advisor	Updated in BANNER :