Faculty of Engineering
Electrical and Computer Engineering (ECE)
Department
P.O. Box 3055 STN CSC
Victoria BC V8W 3P6
Tel. 250. 721.6036   Fax 250. 721.6052

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 – *Electrical*
☐ 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 **must** notify my departmental advising office 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 submitted a **Modified Program Form to my program advisor** with this Request for Option form indicating my proposed schedule of courses.

_____   _____
Signature of Student   Date

_____
Signature of Academic Advisor   Updated in BANNER : _____

May 2013