LASSONDE SCHOOL OF ENGINEERING | YORK UNIVERSITÉ UNIVERSITY

Mechanical Engineering

Graduate Studies - Course Transaction Form

Student Information	
Surname:	Given name:
Student Number:	Email:
MASc ◯ PhD ◯	Full Time ◯ Part Time ◯
Supervisor:	

Adding course(s) ☐ Dropping course(s) ☐

Approved	Term e.g. W17	Course No e.g. ENG 6000	Course title	Instructor Name

Student Signature	Date

Supervisor Signature	Date

Return the completed form to the Graduate Program Coordinator

Internal Use Only

Processed:_____

Notes:_____

GPA Signature: _____