

The personal information on this form is collected under the authority of the *Royal Charter of 1841*, as amended. The information will be used to process your request for enrolment in the QCSE specialization.

Biochemistry Biology Chemical Engineering Chemistry Civil Engineering Computing Economics Electrical and Computer Engineering



Geography Geology Mathematics and Statistics Mechanical and Materials Engineering Mining Engineering Physics Psychology

## ENROLMENT FORM

Please complete this form and submit it along with an Academic Change Form adding the three required CSE courses (QCSE 810, QCSE 811, QCSE 888) to:

Jennifer Read  
 Department of Mathematics and Statistics  
 RM 320, Jeffery Hall, Queen's University

|                               |  |                              |   |
|-------------------------------|--|------------------------------|---|
| FAMILY NAME:                  |  | GIVEN NAME:                  |   |
| EMAIL:                        |  | STUDENT NO.                  |   |
| DEPARTMENT:                   |  | SUPERVISOR:                  |   |
| DEGREE PROGRAM:               | <input type="checkbox"/> MA <input type="checkbox"/> MSC <input type="checkbox"/> MSCEng <input type="checkbox"/> MENG | PATTERN:                     | <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III |
| DATE OF INITIAL REGISTRATION: |  | EXPECTED DATE OF COMPLETION: |   |

Your signature below indicates that you wish to complete the Master's program in which you are currently enrolled with a Specialization in Computational Science and Engineering and that you have reviewed and agree to complete the requirements for both the Master's program and the Specialization.

Note that courses taken for the CSE Specialization will be considered primary to your program. You must attain a minimum of second class standing (65%) in each primary course taken for credit.

If you wish to withdraw from the CSE Specialization you must do so in writing to the Director of the Computational Science and Engineering, c/o of the above address prior to the add/drop date of the current term.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

Your signature below indicates your willingness to supervise the above named student in the Master's program with a Specialization in Computational Science and Engineering. You must ensure that the thesis or project/essay undertaken by the student applies to or contributes to the computational approach of your discipline.

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR(S)

\_\_\_\_\_  
DATE

Your signatures below indicates your departmental approval of the above named student's enrolment in the Master's degree with a Specialization in Computational Science and Engineering. Your department must ensure that the courses the student takes will satisfy the course requirement for the Master's degree program in your department and the Specialization, and that there is no significant overlap in course content between those courses taken for the Master's degree and those required for the CSE Specialization.

\_\_\_\_\_  
SIGNATURE OF OF GRADUATE COORDINATOR

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
SIGNATURE OF QCSE DIRECTOR

\_\_\_\_\_  
DATE

CC: School of Graduate Studies  
 Graduate Coordinator, Department: \_\_\_\_\_  
 Student  
 Supervisor