Faculty of Engineering
Engineering Undergraduate Office
P.O. Box 3055 STN CSC
Victoria BC V8W 3P6
Tel. 250.472.5322 Fax 250.472.5323

Request for Minor, Option, or Specialization

Name of Student: _____
Surname First Name

UVIC Student Number: _____ UVIC Email Address: _____

All students registered in the Faculty of Engineering must declare a program minor, option or specialization by submitting this form to their departmental program advisor (ELEC, MECH, CENG, SENG). Students are responsible for completing all requirements for their chosen minor, option or specialization as required by the relevant department. Students should also direct themselves to the appropriate Faculty Advising Center for advice and information regarding minors outside the Faculty of Engineering.

Program and Subject area(s):

Please specify if your intended program has the following:
1) an Option (e.g. *Biomedical, Technology Policy, Security*, etc.),
a Specialization (e.g. *Systems, Electromagnetics and Photonics,* etc.)
2) a Minor (e.g. *Business, Math, etc.)*

Program:

☐ Bachelor of Engineering – *Mechanical*
☐ Bachelor of Engineering – *Electrical*
☐ Bachelor of Engineering – *Computer*
☐ Bachelor of Software Engineering

☐ Option/Specialization _____

☐ Minor _____
List courses: _____
_____

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.
- Courses that fulfill requirements for a Minor/Option cannot form part of the requirements for the base degree. Requirements for a Minor are normally taken outside a student's primary academic unit.
- I have submitted a **Modified Program Form** with this request for a Minor, Option, or Specialization indicating my proposed schedule of courses.

_____ _____
Signature of Student Date

_____
Signature of Academic Advisor Updated in BANNER : _____