

### **Registration Form: Collaborative Specialization in Engineering Education**

**INSTRUCTIONS:** Please complete this form <u>after</u> registration in your "home" department (for example, "Mechanical & Industrial Engineering" or "Curriculum, Teaching and Learning"). Have the form reviewed and signed by your home department's Graduate Coordinator. Then, email your <u>signed form</u> to **istep@utoronto.ca.** 

Name:	Student #:		
Last Name	First Name	Initial	
Email address:			
Home Department:			
Degree Program:	M.A.Sc. 🗆 M.A. 🗆 M	M.Ed. 🛛 M.Eng.	□ Ph.D. □ Flex-time Ph.D.
Date of First Registration	in Degree Program:	Sept. 20	Jan. 20 May 20
Prior Degrees (list all deg			
For Statistical Purposes:	Canadian/Perm	anent Resident	☐ International Student
Please indicate which of t	_ <u> </u>	_ · ·	nder identity. Check as many as apply.
☐ An identity not listed (	Please specify here:		)
☐ Prefer not to answer			

## Please outline briefly how your desired program of study is related to engineering education and why you are interested in pursuing studies in this field.

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## **Proposed Plan to Meeting Degree Requirements**

#### **Core Courses**

TEP 1204H Instructional Design in Engineering Education

TEP 1205Y Engineering Education Seminar - Master's Level

TEP 1206Y Engineering Education Seminar - Doctoral Level

# Engineering Education Related Elective Courses (Tentative) ~ *Including Course Code & Titles*

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Name of Supervisor (if known):	
Advisory Committee Members (if known):	

#### Thesis / Research Topic: (Please provide a tentative title if not sure at the moment)

STUDENT SIGNATURE	DATE	
APPROVED BY:		
HOME UNIT GRADUATE COORDINATOR NAME	SIGNATURE	DATE
THESIS SUPERVISOR NAME	SIGNATURE	DATE
SIGNATURE OF DIRECTOR, Collaborative Specialization in Engineering Educatior	DATE	