ECE499 Thesis Enrollment

UNIVERSITY OF TORONTO

Student Information				
Last Name:				
First Name:				
Student #:				
Email:				
Faculty Supervisor Information				
Name:				
Email:				
Research Thesis Information				
Thesis title (will appear on transcript):				
Session:	□ F (irst) term	\Box Y (earlong)		
Thesis Description:				

COFINI (Variances from the standard require approval of the Assoc. Chair Od)			
Using the standard COFM□			
Date			
Date			
Date			

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