Pursuing an Elective outside a Track

Student Name: _____   **Current Term:** _____

Student ID: _____

Name of EPD Academic Mentor: _____

Track: Healthcare Engineering Design/Computer Engineering/Robotics/Mechanical Engineering/Electrical Engineering/Self-directed   *(Please circle 1 track only)*

Elective to be pursued: _____
                                                    (state course number & name)

Reasons:

_____

_____

Is this your <u>first time</u> seeking approval to pursue a course outside your track? Yes/No

If no, please provide the name(s) of the courses outside your track that were approved previously:

_____

_____
Student Name & Signature
Date:

<u>Approved by:</u>

_____   _____
Name of Track Lead: Prof. Low Hong Yee

                                                    Head of Pillar

Date: Date:

FORM-02