Please complete and return to the Department Office by September 22nd.

DEPARTMENT OF CIVIL ENGINEERING – McMaster University
2017-2018 COURSE REGISTRATION WORKSHEET

Please note that this **DOES NOT** enroll you for your courses. Once this form is completed, you **MUST** enroll online for the courses that you and your supervisor have listed below via MOSAIC.

<table>
<thead>
<tr>
<th>STUDENT NUMBER</th>
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<tbody>
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</tbody>
</table>

**LEGAL LAST NAME**  
**GIVEN NAMES**  

**SUPERVISOR**

- Ph.D. ☐  
- M.Eng. ☐  
- M.A.Sc. ☐

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### COURSE REGISTRATION

**PLEASE INDICATE YOUR REGISTRATION STATUS:**

<table>
<thead>
<tr>
<th></th>
<th>FULL-TIME</th>
<th>PART-TIME</th>
</tr>
</thead>
</table>

**DEPARTMENT**

(E.g. English, Mech Eng.)  

**COURSE NUMBER**  

**QUARTER**

HALF or FULL

**TERM**

<table>
<thead>
<tr>
<th>1.</th>
<th>2.</th>
<th>3.</th>
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</thead>
</table>

**COURSE TITLE & SPECIAL NOTATIONS**

INDICATE ADDING or DROPPING COURSE

**1. TERM LEGEND**

<table>
<thead>
<tr>
<th>Term</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept. – Dec.</td>
<td>M</td>
</tr>
<tr>
<td>Jan – Apr.</td>
<td>D</td>
</tr>
<tr>
<td>Sept – Apr</td>
<td>EC</td>
</tr>
<tr>
<td>May – Aug</td>
<td>A</td>
</tr>
</tbody>
</table>

**2. COURSE DESIGNATION**

- M – Count towards the Master’s degree
- D – Count towards the Doctoral degree requirements
- EC – Extra Course – If you are taking a course for Extra Credit, please see the Graduate Admin. Assistant for additional paperwork
- A – Audit *If you are Auditing a course, please see the Graduate Admin. Assistant for additional paperwork

**3. SPECIAL NOTATIONS**

- Examples
  - Full Courses taken for half course credit
  - Course taken for credit for next (PhD) Degree

Completed all of your course requirements? If yes, you are still required to indicate whether you are working on your research and or thesis on MOSAIC. Please enroll in SGS 700 if you are still working on your research, thesis or project.

**DATE ___________________________**

**SIGNATURE __________________________________**

**APPROVAL OF ABOVE PROGRAMME AND CONFIRMATION OF REGISTRATION STATUS:**

**DATE ___________________________**

**Thesis Supervisor’s Signature __________________________________**