Engineer 701 Graduate Supervisor Permission Form

Student Information

Student FIRST Name: ___________________________ Student LAST Name: ___________________________

Student Number: ___________________________ Student Email: ___________________________@mcmaster.ca

By completing this form, I understand that to participate in the co-op option, I must be a full-time graduate student and in good academic standing in the Faculty of Engineering. I also confirm that all academic requirements related to course work, and any annual milestones such as supervisory or committee meetings will be completed before starting to work in a co-op job and understand this will be verified with my Graduate Department Administrator. Changes to student status or failure to complete all academic requirements may result in termination from the co-op option, at the discretion of the Associate Dean, Graduate Studies.

MASc/MSc/MEng - I understand I must complete a minimum of 2 academic terms before going out on a co-op term.

Ph.D - I understand I must pass my comprehensive examination before going out on a co-op term.

MEME/MEST/MED students - I recognize that if I opt into the project stream, I must complete parts 1 and 2 of the project before starting my first work term. This will not affect my chances to find a suitable co-op position; it will only delay my first co-op role by 1 term and my co-op sequence will be automatically adjusted by the ECCS team.

I also understand that I must return to full-time studies after completing my co-op work terms to complete my academic program requirements (students cannot finish their program on a co-op work term). It is my responsibility to review my course calendar to ensure that I am fulfilling my degree requirements. By requesting registration in the Graduate Engineering co-op option, I understand and agree to all of the above and agree to keep my profile up-to-date with the graduate co-op office (ECCS) and online through OSCARplus. I confirm that I have logged into OSCARplus (https://oscarplus.mcmaster.ca) and activated my account before completing this form.

- Faculty of Engineering and Applied Sciences students pursuing MEng, MASc, MSc, or PhD must complete these additional steps PRIOR to completing the online survey at https://forms.office.com/r/DXxCM8Pup3.
- W Booth School of Engineering Practice and Technology students do not need to submit a supervisor form.

1. Have your supervisor complete this form (Not applicable for W Booth School of Engineering Practice and Technology students)
2. Submit it at https://macdrive.mcmaster.ca/library/40d6a4f0-6ec5-47f3-8e37-a7a80d80fe1a/Engineering%20701%20Permission%20Forms%20(Save%20file%20name%20as%20MacID%2C%20Student%20ID%2020)%202024%20%20Winter

I understand that I must notify my Graduate Program Administrator immediately when I accept a Co-op opportunity.

Student’s Signature ___________________________ Date ___________________________

Graduate Supervisor Information and Permission

Name of Supervisor: ___________________________ Supervisor Email: ___________________________

I hereby give the above student permission to participate in the Faculty of Engineering’s Graduate Preparation Course (Engineer 701). Upon course completion, I give this student permission to seek co-op work opportunities and access the OSCARplus job board during the following academic term(s) – please check off all applicable terms. Note: Employers post position durations of 4-12 months and students will be able to view all durations in the selected terms. The minimum work duration for Ph.D, MASc/MSc, and MEng students is 1 term (4 months) and the maximum is 3 terms (12 months).

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<th>Term</th>
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<tr>
<td>Fall (Sept – Dec) 2024</td>
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<td>Winter (Jan – April) 2025</td>
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<td>Spring/Summer (May – Aug 2025)</td>
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<td>Fall (Sept – Dec) 2025</td>
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Graduate Supervisor’s Signature ___________________________ Date ___________________________

Graduate Department Administrator or Department Manager’s Signature (Please retain a copy for your records once signed) ___________________________ Date ___________________________

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall, Room 209, McMaster University.