



PSYCHOLOGY, PSYCHIATRY & ENGINEERING

Graduate Collaborative Program Registration Form

INSTRUCTIONS: Please complete this form after registration in your "home" department. Have the form reviewed and signed by your home department's Graduate Coordinator. Then, send your signed form to psych_eng@mie.utoronto.ca

Name: _____ Student No.: _____
Last Name First Name Initial

Home Program: ☐ Psychology ☐ Psychiatry ☐ Civil and Mineral Engineering
☐ Electrical and Computer Engineering ☐ Mechanical and Industrial Engineering

Other Faculty of Applied Science and Engineering Dept _____

Degree Program: ☐ M.A.Sc. ☐ M.A. ☐ Ph.D.

Date of First Registration in Degree Program: Sept. 20____ Jan. 20____ May 20____

For Statistical Purposes: ☐ Canadian/Permanent Resident ☐ International Student Gender: _____

U of T Office Location: _____ U of T Office Phone: _____

Mailing Address: _____

_____ Phone: _____

Permanent Address: _____
(if different from above)

_____ Phone: _____

U of T Email: _____

Please describe briefly your background or experience relating to engineering, psychology, psychiatry and their intersection, and why you are interested in pursuing studies in PsychEng.



Proposed Plan to Meeting Degree Requirements

Core Course

☐ APS1305Y PsychEng Seminar Series (Master's level) ☐ APS1308Y PsychEng Seminar Series (PhD level)

2 Elective Courses (one of which must be from the non-home department)

PsychEng Elective Courses (Tentative) ~ Including Course Code & Titles

1. _____ 2. _____

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:

SIGNATURE HOME UNIT GRADUATE COORDINATOR

DATE

SIGNATURE OF DIRECTOR,
PSYCHOLOGY, PSYCHIATRY & ENGINEERING

DATE