University of Manitoba | Faculty of Graduate Studies

# Report on Master of Engineering Project and Report

**This is to report that the student whose name appears below has completed the Master of Engineering Project and Report with the result indicated below.**

Student Name **(LAST**, First) _____

Student Number _____

Major Department/Unit _____

Indicated result in the category of Pass or Fail:
Project and Report (GRAD 7050 - 6 Cr. Hrs.)

○ **Pass**

Please indicate if this was a: ○ First Attempt ○ Second Attempt

Date student completed requirements _____ *(MM/DD/YYYY)*

○ **Fail**

Please indicate if this was a: ○ First Attempt ○ Second Attempt

Date student completed requirements _____ *(MM/DD/YYYY)*

Committee of Examiners

| Names | Department/Unit | Signatures |
|---|---|---|
| _____ Advisor | _____ | _____ |
| _____ Co-Advisor (if applicable) | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Department/Unit Head Signature _____ Date _____ *(MM/DD/YYYY)*