

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 first time 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:

Approved by:

Name of Track Lead:

Prof. Chua Chee Kai
Head of Pillar

Date:

Date: