

SPECIALIZATION SELECTION FORM



Part A: to be filled by Student

Instructions:

1. Write your ID Number and Name accurately and in **Block Letters**
2. Rank the specializations on this form in order of your preference where number 1 should be your first choice and so on
3. For female students: note that some specializations are reserved for male students only due to job market demands
4. Filling this form is not a guarantee of getting any particular specialization. The Department of Engineering will assign specializations based on your scores. The Department of Engineering reserves the right to offer or not offer any specialization on this form.
5. Request your advisor to fill out and sign parts B and C, detach part C, and return it to you as proof of submission of form. You might need to produce this proof of submission in the future.
6. Submit your completed form no later than **30 June 2010**. Failure to do so means you forgo your right to select a specialization and authorizes the Department of Engineering to select any specialization for you.
7. Barring any unforeseen errors or omissions, the specializations assigned by the Department of Engineering are final and not subject to change.
8. With the submission of this form, the student assumes full responsibility for the selection of specializations. No claims will be entertained by the Department of Engineering subsequently.

I hereby acknowledge that I have read and understood the instructions above.

ID Number: Name: Signature:

Specialization	Choice Number
Air-Conditioning & Refrigeration Diploma Level	<input type="text"/>
Engineering Draftsman Diploma Level	<input type="text"/>
Oil & Gas Diploma Level	<input type="text"/>
Quantity Surveying Higher Diploma Level	<input type="text"/>
Architectural Engineering Baccalaureate Level	<input type="text"/>
Civil Engineering Baccalaureate Level	<input type="text"/>
Computer Engineering Baccalaureate Level	<input type="text"/>
Electrical Power Engineering Baccalaureate Level	<input type="text"/>
Mechanical Engineering Baccalaureate Level	<input type="text"/>

Part B: to be filled by Advisor

The student has completed **ALL** Certificate Level courses (**Tick if correct**)

Student **CGPA** at the end of the Certificate Level:

I hereby acknowledge that the above information is current and accurate.

Name: Signature: Date: / /2010

Part C: to be filled by Advisor

Please fill out this section, detach at the line above, and return to student.

Student ID: Form Received on (Date): / /2010

Advisor's Name Signature: