McMaster University | Integrated Biomedical Engineering & Health Sciences Program

INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM
IBEHS 4E09/IBEHS 5E15 THESIS PROJECT APPROVAL FORM

Health, Engineering Science and Entrepreneurship (HESE) Thesis Course:
I will be enrolling in (Please select ONE):

IBEHS 4E09A/B   IBEHS 5E15A/B

STUDENT NAME: _____   STUDENT NUMBER: _____

EMAIL ADDRESS: _____   ACADEMIC YEAR: _____

This is a full academic year project course.

SUPERVISOR INFORMATION

Name: _____	Department: _____
Email: _____	Institution: _____
Phone: _____	Position: _____
Address:	

CO-SUPERVISOR INFORMATION (If Applicable) ^

Name: _____	Department: _____
Email: _____	Institution: _____
Phone: _____	Position: _____
Address:	

PROJECT INFORMATION

Project Title:	
Project Topic Area:	
Start Date:	End Date

^ Students may require a co-supervisor with an appointment at McMaster University, if their supervisor is not appointed by McMaster. The need for a co-supervisor will be determined on a case-by-case basis.

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Evaluation*:

Evaluation Criteria:	Evaluated By:	Weight:
Total:		100%

Outline & Learning Objectives

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Logistics and Health & Safety

	Yes	*No*
Do you authorize the publishing of your name, contact information and project title to the iBioMed Project Database webpage?	☐	☐
Have you ensured the student has the necessary Health and Safety (EOHSS) requirements?	☐	☐
Does the project require Research Ethics approval(s)?	☐	☐
Are the students working in a clinical environment where they interact with patients? **If yes, complete the questions below:**	☐	☐
Are you authorized to allow students to interact with patients?	☐	☐
Has the student completed the required Health Screening procedures as indicated by the Health Screening Office?	☐	☐
Have you completed the required risk management assessment forms?	☐	☐

Supervisor Signature

_____   _____
(Name)   (Signature)

_____
(Date)

FOR OFFICE USE ONLY:

Authorizing Signature: _____   Date: _____