

## INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM

### iBioMed Advisement

#### IBEHS PROJECT COURSE PERMISSION FORM

This form is used for permission to enroll in IBEHS 3H03, IBEHS 3I06, IBEHS 3T03, IBEHS 4T06 or IBEHS 4H03

STUDENT NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ACADEMIC PLAN (e.g. HESE, Mech & BME, Elec & BME): \_\_\_\_\_

ACADEMIC LEVEL: \_\_\_\_\_ COURSE: \_\_\_\_\_

PLEASE CHECK THE APPLICABLE SESSION(S):  Fall  Winter  Spring/Summer

#### SUPERVISOR INFORMATION<sup>^</sup>

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: _____

\*BME students will require a co-supervisor from the faculty of Engineering.

<sup>^</sup> HESE students will require a supervisor with an appointment at McMaster University.

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#### Evaluation

Evaluation Criteria (Optional):	Evaluated By:	Weight:
Total:		100%

*Total must be 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 <a href="#">the iBioMed Project Database webpage</a> ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ensured the student has the necessary Health and Safety (EOHSS) requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Does the project require Research Ethics approval(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Are the students working in a clinical environment where they interact with patients? <b>If yes, complete the questions below:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Are you authorized to allow students to interact with patients?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student completed the required Health Screening procedures as indicated by the Health Screening Office?	<input type="checkbox"/>	<input type="checkbox"/>
Have you completed the required risk management assessment forms?	<input type="checkbox"/>	<input type="checkbox"/>

#### Supervisor Signature

(Name)

(Signature)

(Date)

#### FOR OFFICE USE ONLY:

Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_