## 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, 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

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**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 |

\*BME students may require a co-supervisor from the faculty of Engineering.
^ HESE students will require a supervisor with an appointment at McMaster University.

## Evaluation

| Evaluation Criteria : | 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 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: _____