

INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM

IBIOMED RESEARCH 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

SUPERVISOR INFORMATION[^]

Name: _____ Department: _____

Email: _____ Institution: _____

Phone: _____ Position: _____

CO-SUPERVISOR INFORMATION (If Applicable)*

Name: _____ Department: _____

Email: _____ Institution: _____

Phone: _____ Position: _____

PROJECT INFORMATION

Project Title: _____

Project Topic Area: _____

*BME students may require a co-supervisor from the faculty of Engineering if research project is outside of the supervisor's primary research area.

[^] HESE students will require a supervisor with an appointment at McMaster University.

Project Start Date: _____ Project End Date*: _____

*Project End Date should be an agreed upon date, where the student submits the final project to the supervisor for final assessment.

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

Total must be 100%

| Outline & Learning Objectives |
|--|
| |

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocations; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall 209, McMaster University, 905-525-9140.

Logistics and Health & Safety

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you authorize the publishing of your name, contact information and project title to the iBioMed website? | <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? If yes, complete the questions below: | <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"/> |

Student Signature

_____ (Name)

_____ (Signature)

_____ (Date)

Supervisor Signature

_____ (Name)

_____ (Signature)

_____ (Date)

Please submit completed forms via: [iBioMed Research Project Submission Form](#)

FOR OFFICE USE ONLY:

Authorizing Signature: _____ Date: _____