

INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM

iBioMed Advisement

REQUEST TO TRANSFER IN TO THE INTEGRATED BIOMEDICAL ENGINEERING & HEALTH SCIENCES PROGRAM

This form is for the use of undergraduate students outside the Integrated Biomedical Engineering & Health Sciences (iBioMed) program who are seeking approval to transfer in to the iBioMed program.

<p>STUDENT NAME: _____</p> <p>CURRENT PROGRAM _____</p> <p>& LEVEL: _____</p> <p>REQUESTED _____</p> <p>PROGRAM: _____</p> <p>ADDRESS DURING _____</p> <p>TERM: _____</p> <p>McMASTER EMAIL: _____</p>	<p>STUDENT NUMBER: _____</p> <p>CO-OP PROGRAM: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>REQUESTED _____</p> <p>LEVEL: _____</p> <p>PHONE NUMBER: _____</p>
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Please briefly describe why you would like to transfer in to the iBioMed Program (attach supporting documents if needed).

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Final Decision: ☐ I APPROVE of this transfer ☐ I DO NOT approve of this transfer

Program Co-Director: _____ Date: _____

Department _____ Date: _____

Authorization: _____