

## 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.

STUDENT NAME:		STUDENT NUMBER:				
CURRENT PROGRAM			- CO-OP PROGRAM:	: YES	□NO	
& LEVEL: REQUESTED PROGRAM: ADDRESS DURING TERM:			REQUESTED LEVEL:			
	No.	Street	City		Postal Code	
McMASTER EMAIL:			PHONE NUMBER:			
Student Signature:			Date:			
FOR OFFICE USE ONLY: Final Decision:		PPROVE of this transfe			er	
Program Co-Director:			Date:			
Department Authorization:			Date:			

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