

**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

**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 may 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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<b>Evaluation</b>		
Evaluation Criteria (Optional):	Evaluated By:	Weight:
<b>Total:</b>		<b>100%</b>

*Total must be 100%*

<b>Outline &amp; Learning Objectives</b>

## INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM iBioMed Advisement

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<b>Logistics and Health &amp; Safety</b>		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"/>	<input type="checkbox"/>
Have you ensured the student has the necessary Health and Safety (EOHSS) requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the project require Research Ethics approval(s)?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Are you authorized to allow students to interact with patients?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Have you completed the required risk management assessment forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Supervisor Signature

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

#### FOR OFFICE USE ONLY:

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