

## INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM iBioMed Advisement

4E13: Unleashing Innovation @ The Clinic PERMISSION FORM

Please list your team members (skills/education/experience):

Project Title \_\_\_\_\_

### **Innovation Idea / Project Description:**

Please provide us with any relevant information regarding the clinical need that your innovation is addressing, any research and development you have done to-date, what your end goals are. **This information can be attached as a separate one-page document.** Please provide only non-confidential information relevant to your project.

### **FOR OFFICE USE ONLY:**

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

Date: \_\_\_\_\_