

INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM
iBioMed Advisement

4L03: PEER COACHING IN DESIGN THINKING PERMISSION FORM

STUDENT NAME: _____ STUDENT NUMBER: _____
EMAIL ADDRESS: _____
PROGRAM: _____ ACADEMIC LEVEL: _____

Statement of Interest

Please answer the following (max 400 words)

1. Why do you want to be a peer coach?
2. What do you feel you will have to contribute to your peers and the 2E students' learning (ie. what are your design and facilitation superpowers?)
3. What will be your biggest challenge in stepping into the role of a design thinking peer coach?

FOR OFFICE USE ONLY:

Authorizing Signature: _____ Date: _____