

**INTEGRATED BIOMEDICAL ENGINEERING AND HEALTH SCIENCES PROGRAM**  
**iBioMed Advisement**  
*PROJECT PERMISSION FORM*

STUDENT NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ACADEMIC PLAN (e.g. HESE, Mech & BME, Elec & BME): \_\_\_\_\_

ACADEMIC LEVEL: \_\_\_\_\_

COURSE: \_\_\_\_\_

PLEASE CHECK THE APPLICABLE SESSION:  Fall  Winter  Spring/Summer

**SUPERVISOR INFORMATION**

|                |                    |
|----------------|--------------------|
| 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: _____ |

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*PROJECT FORM*

| Evaluation Criteria: | Evaluated By: | Weight:     |
|----------------------|---------------|-------------|
|                      |               |             |
|                      |               |             |
|                      |               |             |
|                      |               |             |
| <b>Total:</b>        |               | <b>100%</b> |

*Total must be 100%*

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

**Supervisor Signature**

\_\_\_\_\_ (please print name)

\_\_\_\_\_ (signature)

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