

**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(S):     Fall             Winter             Spring/Summer

<b>SUPERVISOR INFORMATION<sup>^</sup></b>	
Name: _____	Department: _____
Email: _____	Institution: _____
Phone: _____	Position: _____
Address: _____	
<b>CO-SUPERVISOR INFORMATION (If Applicable)*</b>	
Name: _____	Department: _____
Email: _____	Institution: _____
Phone: _____	Position: _____
Address: _____	
<b>PROJECT INFORMATION</b>	
Project Title: _____	
Project Topic Area: _____	
Start Date: _____	End Date: _____

\*BME students will 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>

*The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocations; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall 209, McMaster University, 905-525-9140.*

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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"/>
Have you ensured the student has the necessary Health and Safety (EOHSS) requirements?	<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"/>
Are you authorized to allow students to interact with patients?	<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"/>
Have you completed the required risk management assessment forms?	<input type="checkbox"/>	<input type="checkbox"/>

**Supervisor Signature**

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

<b>FOR OFFICE USE ONLY:</b>	
Permission Granted in Mosaic: _____	Date: _____

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