

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, IBEHS 3T03, IBEHS 4T06 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[^]

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 will require a co-supervisor from the faculty of Engineering.

[^] HESE students will require a supervisor with an appointment at McMaster University.

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Evaluation		
Evaluation Criteria (Optional):	Evaluated By:	Weight:
Total:		100%

Total must be 100%

Outline & Learning Objectives

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Logistics and Health & Safety		Yes	No
Do you authorize the publishing of your name, contact information and project title to the iBioMed Project Database webpage?	<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? If yes, complete the questions below:	<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: _____