Permission Form for Biochemistry 3A03
Department of Biochemistry and Biomedical Sciences
McMaster University

STUDENT INFORMATION

Student Name: ________________________________
Student Number: ________________________________
McMaster Email Address: ________________________________

Current Program:
☐ Biochemistry (Core)
☐ Biochemistry (Specialization)
☐ BHSc (Biomedical Sciences Specialization)

Indicate the term in which you will register for 3A03:
☐ term I  ☐ term II  ☐ summer term I  ☐ summer term II

SUPERVISOR INFORMATION

Project Supervisor: ________________________________
Supervisor’s Department: ________________________________
Phone Number: ________________________________
Email Address: ________________________________

PROJECT INFORMATION – If your supervisor is not a part of the Department of Biochemistry and Biomedical Sciences, please attach a one-page project proposal

Project Title: ________________________________
Start and End Dates: ________________________________
Supervisor’s Signature: ________________________________

This form should be submitted to HSC 1H6 or to biochemistryadvisor@mcmaster.ca. A copy should also be retained by the student and supervisor.

For Office Use Only: Permission added ☐
Date: ____________________________