Biochem 4F09

Date: ________________________________

Student Name: ________________________________

Student Number: ________________________________

MAC Email Address: ________________________________

Current Program:
  o Biochemistry (Core)
  o Biochemistry (Specialization)
  o Other: ______________

Project Supervisor: ________________________________

Supervisor’s Department: ________________________________

Supervisor’s Email: ________________________________

Supervisor’s Signature: ________________________________

Student’s Signature: ________________________________

This form should be submitted to HSC 1H6 or biochemistryadvisor@mcmaster.ca.

Office Use Only
Permission Granted: _________
Date Added: _________________