Biochem 4Z03

Date: _________________________________

Student Name: _________________________________

Student Number: _________________________________

MAC Email Address: _________________________________

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

Research to be completed in Term (please circle one): Fall or Winter

Project Supervisor: _________________________________

Supervisor’s Department: _________________________________

Supervisor’s Email: _________________________________

Supervisor’s Signature: _________________________________

Student’s Signature: _________________________________

This form should be submitted to HSC 4H45 or mccolls@mcmaster.ca.

Office Use Only
Registration Approved:____
Date Added:_______________