Hth Sci 4R12

Date: ________________________________

Student Name: ________________________________

Student Number: ________________________________

MAC Email Address: ________________________________

Current Program:
  o BHSc (Biomedical Sciences)
  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 and then to the Bachelor of Health Sciences Program Office in MDCL 3308.

Office Use Only
Biochemistry - Approved by:________________________ Date: ____________
BHSc – Approved by:________________________ Date: ____________
Mosaic Permission Added:_____________________