APPLICATION FORM

THE UNIVERSITY OF QUEENSLAND AUSTRALIA | School of **Biomedical Sciences**

Select course & commencement semester:

Select commencement year:

STUDENT INFORMATION (Click & fill all coloured boxes)

Student Number: ………………………………….

Student Name: ……………………………………………….

Mobile Phone: ……………………………………………………..

COURSE	START SEMESTER
SCIE3220	Sem1, Sem2, Sem3
SCIE3221	Sem1*, Sem2*, Sem3*

*only available on completion of SCIE3220

PROJECT DETAILS

Project Title: ………………………………………………………………………………………………

Project Description:

Start Date: …………………………………………. Finish Date: ……………………………………….

Lab(s): ………………………………………………. Lab Phone Number(s):………………………………….

SUPERVISOR INFORMATION

Principal Supervisor: ………………………………….. Co-Supervisor: ………………………………………….
2nd examiner)

Mobile Phone: ……………………………………. Mobile Phone: ……………………………………………

Email Address: ……………………………………. Email Address: ……………………………………………

Signatures: **Please obtain BOTH supervisors' signatures before submitting form.**

Student: --   **Date:**   ------- / ------- / -------

Supervisor Duties:

- *Supervisors will be contactable and in a position to provide expeditious feedback to students throughout the project.*
- *Supervisors will mark the laboratory performance and record keeping assessments. The poster, oral and research report marking will be allocated to the supervisors by the course coordinator. ** Supervisors will NOT be allocated their own student***
- *Staff on leave during any part of the project must verify that effective supervision can be maintained and should ensure the course coordinator is advised of any changes.*

Primary Supervisor: --   **Date:**   ------- / ------- / -------

Co-Supervisor: --   **Date:**   ------- / ------- / -------