THE UNIVERSITY OF QUEENSLAND
AUSTRALIA

School of Biomedical Sciences

APPLICATION FORM

Select course and commencement semester:

Select commencement year:

Student information (click and fill all coloured boxes)

Student number:

Student name:

Mobile phone:

COURSE	START SEMESTER
SCIE3220	Sem 1
SCIE3220	Sem 2
SCIE3220	Sem 3
SCIE3221	Sem 1
SCIE3221	Sem 2
SCIE3221	Sem 3

PROJECT DETAILS

Project title:

Project description:

Start date: Finish date:

Lab(s):   Lab phone number:

SUPERVISOR INFORMATION

Principal Supervisor: Co-Supervisor:

Mobile phone: Mobile phone:

Email address: Email address:

Signatures, please obtain BOTH supervisor's signatures before submitting form.

Student:_____   **Date:**   ___/___/___

<u>Supervisor duties:</u>

- *Supervisors must be contactable and in a position to provide expeditious feedback to students throughout the project.*

- *Supervisors will mark the Literature Review and the Laboratory Performance assessments.*

- *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.*

- *The principal supervisor must be an academic staff member (B-E), or equivalent. The Co-supervisor can be a PhD student.*

Primary Supervisor:_____   **Date:**   ___/___/___

Co-Supervisor:_____   **Date:**   ___/___/___