

## SCIE3221 APPLICATION FORM

### SCHOOL OF BIOMEDICAL SCIENCES

(NOTE: This form does not replace the normal University requirements for enrolment. You will receive an email granting permission for you to enrol, after which you must enrol into the course via mySI-net.)

PRC: .....

Auth. Y / N: .....

Signature

Date: .....

Semester:..... Year: .....

#### STUDENT INFORMATION

Student Number: ..... Student Name: .....

Home Phone: ..... Mobile Phone: .....

#### PROJECT DETAILS

Project Title: .....

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

Lab(s): ..... Lab Phone Number(s):.....  
where project will be completed

#### SUPERVISOR INFORMATION

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

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

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

#### SUPERVISORS' DUTIES

It is expected that supervisors will be contactable and in a position to provide expeditious feedback to students throughout the project. Supervisors are required to mark oral and poster presentations, laboratory performance, experimental lab books and the final report. 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.

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

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

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

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