



BBS Educational Programs Office Health Science Centre, Room 4H30, 1280 Main Street West Hamilton, Ontario, L8S 4K1

(905) 525-9140, Ext. 22059
bbsug@mcmaster.ca
healthsci.mcmaster.ca/biochem

## Permission Form: BIOCHEM 3R03

## Using this form:

Please fill out this form after you have found a supervisor and have it signed. Signed forms are to be returned to bbsug@mcmaster.ca.

All BIOCHEM 3R03 requests must be pre-approved via a Research Project Approval Request form. BIOCHEM 3R03 projects are for clinical research that would not otherwise be approved for BIOCHEM 3A03 or BIOCHEM 3R06. For inquiries, email bbsug@mcmaster.ca.

Student Information	
Date:	
Student Name:	
Student Number:	
McMaster Email Address:	
Current Program:	
Course for which you are requesting enrollment permission:	
BIOCHEM 3R03 - Fall	
BIOCHEM 3R03 - Winter	
I have ensured that my project is approved for enrollmen Approval Request Form	t via a Research Project
Supervisor Information	
Supervisor:	
Department:	
Email Address:	
Signature:	
(Supervisor)	