Date: ________________________________

Student Name: ________________________________

Student Number: ________________________________

MAC Email Address: ________________________________

Current Program:
  o Biochemistry (Core)
  o Biochemistry (Specialization)
  o Other: ________________

Research to be completed in Term (please circle one): Fall/Winter or Summer

Project Supervisor: ________________________________

Supervisor’s Department: ________________________________

Supervisor’s Email: ________________________________

Supervisor’s Signature: ________________________________

Student’s Signature: ________________________________

This form should be submitted to HSC 4H45 or biochemistryadvisor@mcmaster.ca.

Office Use Only
Registration Approved: ___
Date Added: ________________