This sign-in questionnaire for research project courses must be completed (including the signature of the project supervisor) **before** a course waiver form will be signed. Instructor consent is required for course registration. To have a waiver signed you must bring this form back to Kim Best.

A detailed course description will be discussed at the formal Orientation Session for registered students. It will be scheduled the first week of classes each semester.

This section to be filled in by **student** (please print):

- **Name**: ___________________________  **I.D.#**: ___________________________
- **Major/Area of Specialization**: ___________________________  **Course**: Required or Elective
- Do you have the required prerequisite of 14.00 credits? :  **Yes**  **No**
- Semester course will be taken: **Summer**  **Fall**  **Winter**  **Year**: 20 ___
- **Course options**: BIOM*4500 LR
- **UoG E-Mail**: ___________________________
- **Supervisor**:
  - **Name**: ___________________________  **Dept.**: ___________________________
  - **Signature**: ___________________________

Return this form to:  Kim Best - Rm 2633, OVC (kbestb@uoguelph.ca)