

**Sign-In Questionnaire – BIOM*4510, BIOM*4521/*4522,
Research in Biomedical Sciences**

Instructor Consent is required for course registration. This sign-in questionnaire must be completed, including the signature of the project manager, **before** a course waiver will be signed. To have a waiver signed, you must return this completed form to Kim Best – kbestb@uoguelph.ca

A Orientation Session is scheduled the first week of classes for registered students.

Students doing an experimental project with a supervisor in the Department of Biomedical Sciences **must** have WHMIS training approved by the course coordinator. Students with projects in other Departments should follow his/her supervisor's instructions regarding WHMIS training.

This section to be filled in by the student:

Name: _____ **ID#** _____

UoG Email: _____

Major/Area of Specialization: _____ **Course: Required** **Elective**

Do you have the required pre-requisites of 14.00 credits?: **Yes** **No**

Course Registering for: **BIOM*4510** **BIOM*4521/2**

Semester course will be taken: **Summer** **Fall** **Winter** **Year: 20**____

This section to be filled in by supervisor:

Name: _____ **Department:** _____

Signature: _____

Return this form to Kim Best – Rm 2633, OVC or kbestb@uoguelph.ca for a signed course waiver