

**Sign-In Questionnaire for BIOM\*4510 & BIOM\*4521/2**  
**Research in Biomedical Sciences**

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. Once signed, please return this form to Kim Best to be signed into the course.

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

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.

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

**Name :** \_\_\_\_\_ **I.D.# :** \_\_\_\_\_

**Major/Area of Specialization :** \_\_\_\_\_

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\*4510** **BIOM\*4521/2**

UoG E-Mail: \_\_\_\_\_

**This section to be filled in by supervisor:**

- 1) Does the proposed project involved the use of animal or human subjects? Y \_\_\_\_ N \_\_\_\_
  - 2) If yes, has the necessary ethical approval been obtained? Y \_\_\_\_ N \_\_\_\_
  - 3) If ethical approval is not yet in place, please describe contingency plans for the student's project should the required approval not be obtained in time for the planned experiments:  
\_\_\_\_\_
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**Name :** \_\_\_\_\_ **Dept. :** \_\_\_\_\_ **Signature :** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Return this form to: Kim Best - Rm 2633, OVC ([kbestb@uoguelph.ca](mailto:kbestb@uoguelph.ca)), and she will fill in and sign a course waiver so you can register for the course.**