



BCH3990 Research in Action Application Form Semester 1, 2012

Please return completed form to Dr John T. Price (Department of Biochemistry and Molecular Biology, Bldg 13D Room D128)

*This is an application form only and **does not** constitute an enrolment for any course in the university or entitle an applicant to be classified as a student of the university.*

*If you meet the necessary criteria you will need to have a **unit amendment form** and a project unit permission form signed by the departmental coordinator and then take this to the Science faculty office (BSc students) or the Biomedical Science office (Biomed students) where your enrolment will be keyed into callista by administrative staff. Your academic results to date will be obtained from University Records. Further information can be obtained by contacting the unit convenor (Dr John T. Price).*

Note: No lectures are held in this unit. Students are expected to spend the equivalent of 12 hours per week on project related tasks.

Section 1: To be completed by applicant

ID No:

Family Name:

Title:

Given Names:

Mailing Address:

Email Address:

Telephone
Number:

Student Signature: _____ Date: _____

Section 2: Project selection (to be completed by applicant and supervisor)

The purpose of this form is for you to indicate the project of your choice.

PROJECT

Project Title: _____

Location: _____

Supervisor: _____

Phone: _____

E-mail: _____

Location of Project:

Location where proposed project will be undertaken
(Indicate Department or location of laboratory).

Supervisor to complete

(1) I have discussed this project with the student and,
I have agreed to supervise the student on this project.

Signature: _____ Date: _____

Co-Supervisor to complete (necessary if Primary Supervisor is off-campus)

(1) I have discussed this project with the student and,
I have agreed to supervise the student on this project.

Signature: _____ Date: _____

Coordinator of Department to complete

I fully support this application and I am satisfied that appropriate resource/s, permit/s and supervision are available in this Department for successful completion of the above project.

Signature: _____ Date: _____

Print Name: ____Dr John Price _____