

2009 Bachelor of Biomedical Science (Honours) Application Form

Application Closing Dates

Semester 1 admission: Friday, November 14th, 2008

Semester 2 admission: Friday, May 29th, 2009

You must lodge your completed application and any attachments in person or by mail to

School of Biomedical Sciences

Building 13C

MONASH UNIVERSITY VIC 3800

Admission Requirements

Applicants must be qualified, or expected to qualify, for the award of a Bachelor of Biomedical Sciences degree at Monash University or a comparable qualification prior to the date of enrolment for the course. To be eligible for entry into the program, Monash students should achieve a distinction average or higher (70%) in 24 points of level three units, of which at least 12 points must be in level 3 BMS core units. External applicants will be assessed on a case by case basis. Further information can be found at: www.med.monash.edu.au/biomed/honours/.

External Applicants only

Applicants from outside the School of Biomedical Sciences must supply a **certified copy** of their academic record. If you are currently undertaking studies, forward final results and evidence of completion as soon as these are available. An offer cannot be completed until this information is received. Please do NOT send original documents.

International Applicants

This form must be submitted to the School of Biomedical Sciences office. In addition, international students **MUST** apply through Monash International by completing the application form at: www.monash.edu/international/prospectivestudents/

Course Commencement

The proposed commencement date for successful applicants commencing Honours in semester 1 will be late February 2008, semester 2 will be mid July 2008.

Applicants Please Note

- ONLY the School of Biomedical Sciences office can make an offer for the Honours program.** Completion of this form and any recommendation(s) made by the School/Department **do not** constitute an offer for the Honours program, nor does it classify the applicant as a student of the University.

Further enquiries

Further information about the Honours program can be found at www.med.monash.edu.au/biomed/honours/.

Administration queries can be address to Dr Joanne Waring (phone: 9905 9712, email: Joanne.Waring@med.monash.edu).

Section 1: To be completed by applicant

PERSONAL DETAILS			
Monash Student ID:		Date of Birth: / /	
		Sex: F <input type="checkbox"/> M <input type="checkbox"/>	
Title:	Family Name:	Given Name(s):	
Are you an international student?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Postal Address for Correspondence			
Number and Street:			
Suburb:		State:	Postcode:
Telephone (BH):		Facsimile:	
Telephone (Mobile):		Email:	
Details of Previous or Current Course			
Name of Institution/University:			Campus:
Course Completed? Yes <input type="checkbox"/> Year Completed:		No <input type="checkbox"/> Semester and Year Expected to Complete:	
<p>The information on this form is collected for the primary purpose of assessing your application. Other purposes of collection include creating or changing enrolment records on the student database, attending to administrative matters, corresponding with you and statistical analyses. If you choose not to complete all the questions on this form, it may not be possible for the School of Biomedical Sciences to assess your application. Personal information may also be disclosed to relevant bodies for the verification of qualifications. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6011.</p> <p>I declare that the information supplied on this form and information given in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application and/or academic transcript may result in the withdrawal of an offer of a place in the course. I acknowledge Monash University reserves the right to seek from other relevant bodies verification of the standing of my claimed qualifications. I have read the University's statement on privacy and the purposes for which my personal information will be used (www.privacy.monash.edu.au/pc_privacy_coll.htm) I agree to be bound by the statutes, regulations and policies of the University as amended from time to time and agree to pay all fees, levies and charges directly arising from my enrolment. I consent to receiving information electronically and agree to access the correspondence of my Monash University email account on a regular basis.</p>			
Applicant's Signature		Date / /	

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

The purpose of this form is for you to indicate the projects of your choice. Apart from nominating a preferred project, you should also indicate alternative projects. This will ensure that if you miss out on your preferred project you will have one or two alternatives to pursue. **The nominated supervisor/s makes the decision as to who is selected for a particular project.** It is possible that you may miss out on you first (or second) choice even though you have met the eligibility criteria. The management committee is not responsible for project allocation.

PROJECT OF FIRST CHOICE (COMPULSORY)

Please write print these details clearly

Project Title: _____

Supervisor: _____
Phone: _____
E-mail: _____

Location of BMS Honours Project:

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

Discipline specific component (normally conducted in the same locality as the research component)

SCHOOL OF BIOMEDICAL SCIENCES
 Anatomy and Cell Biology Biochemistry and Molecular Biology Microbiology
 MISCL Pharmacology Physiology
 IMMUNOLOGY / CECS / AMREP EPIDEMIOLOGY AND PREVENTATIVE MEDICINE
 MIMR SOUTHERN CLINICAL SCHOOL
 SCHOOL OF PSYCHOLOGY, PSYCHIATRY AND PSYCHOLOGICAL MEDICINE

Supervisor to complete

(1) I have discussed this project with the student and,
a) I have agreed to supervise the student on this project. YES NO
OR
b) I have advised the student that I will consider him/her for this project
and will confirm my final decision by (*insert date*) _____
(2) Have the appropriate ethics approvals been granted or applied for? YES NO
(3) Do you anticipate being absent for any periods in excess of
2 weeks during the academic year? YES NO
If yes, please advise time and duration of absence: _____
(4) How many honours students have you supervised? _____
Signature: _____ Date: _____

Honours School (non-SoBS students) or Departmental Convenor (SoBS students) to complete

I fully support this application and I am satisfied that appropriate resource/s, permit/s and supervision is/are available in this Department for successful completion of the above named project.
Signature: _____ Date: _____
Print Name: _____

PROJECT OF SECOND CHOICE (COMPULSORY)

Please write print these details clearly

Project Title: _____

Supervisor: _____

Phone: _____

E-mail: _____

Location of BMS Honours Project:

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

Discipline specific component (normally conducted in the same locality as the research component)

SCHOOL OF BIOMEDICAL SCIENCES

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Anatomy and Cell Biology | <input type="checkbox"/> Biochemistry and Molecular Biology | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> MISCL | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> IMMUNOLOGY / CECS / AMREP | <input type="checkbox"/> EPIDEMIOLOGY AND PREVENTATIVE MEDICINE | |
| <input type="checkbox"/> MIMR | <input type="checkbox"/> SOUTHERN CLINICAL SCHOOL | |
| <input type="checkbox"/> SCHOOL OF PSYCHOLOGY, PSYCHIATRY AND PSYCHOLOGICAL MEDICINE | | |

Supervisor to complete

- (1) I have discussed this project with the student and,
- a) I have agreed to supervise the student on this project. YES NO
- OR**
- b) I have advised the student that I will consider him/her for this project
and will confirm my final decision by (*insert date*) _____
- (2) Have the appropriate ethics approvals been granted or applied for? YES NO
- (3) Do you anticipate being absent for any periods in excess of
2 weeks during the academic year? YES NO
- If yes, please advise time and duration of absence: _____
- (4) How many honours students have you supervised? _____
- Signature: _____ Date: _____

Honours School (non-SoBS students) or Departmental Convenor (SoBS students) to complete

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

Signature: _____ Date: _____

Print Name: _____

PROJECT OF THIRD CHOICE (OPTIONAL)

Please write print these details clearly

Project Title: _____

Supervisor: _____

Phone: _____

E-mail: _____

Location of BMS Honours Project:

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

Discipline specific component (normally conducted in the same locality as the research component)

SCHOOL OF BIOMEDICAL SCIENCES

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Anatomy and Cell Biology | <input type="checkbox"/> Biochemistry and Molecular Biology | <input type="checkbox"/> Microbiology |
| <input type="checkbox"/> MISCL | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> IMMUNOLOGY / CECS / AMREP | <input type="checkbox"/> EPIDEMIOLOGY AND PREVENTATIVE MEDICINE | |
| <input type="checkbox"/> MIMR | <input type="checkbox"/> SOUTHERN CLINICAL SCHOOL | |
| <input type="checkbox"/> SCHOOL OF PSYCHOLOGY, PSYCHIATRY AND PSYCHOLOGICAL MEDICINE | | |

Supervisor to complete

- (1) I have discussed this project with the student and,
- a) I have agreed to supervise the student on this project. YES NO
- OR**
- b) I have advised the student that I will consider him/her for this project and will confirm my final decision by (*insert date*) _____
- (2) Have the appropriate ethics approvals been granted or applied for? YES NO
- (3) Do you anticipate being absent for any periods in excess of 2 weeks during the academic year? YES NO
- If yes, please advise time and duration of absence: _____
- (4) How many honours students have you supervised? _____
- Signature: _____ Date: _____

Honours School (non-SoBS students) or Departmental Convenor (SoBS students) to complete

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

Signature: _____ Date: _____

Print Name: _____