

## Application form for Research in Action Units

(BCH3990, BMS3930, BMS3990, DEV3990, HUP3990, IMM3990, MIC3990, PHA3990, PHY3990)

Please return the completed form to the Departmental convenor as listed below.

Department	Unit code	Convenor	Phone	Location
<b>School coordinator</b>		<b>Dr Shae-Lee Cox</b>	<b>x 55673</b>	<b>23 Rainforest Walk, Room G32</b>
Biochemistry	<b>BCH3990</b>	A/Prof Michelle Dunstone (SEM1)	x 29269	23 Innovation Walk, Room 244
		Dr Jenny Dyson (SEM 2)	x 29327	23 Innovation Walk, Room 128
Anatomy	<b>DEV3990</b>	Dr Robert De Matteo	x 29108	19 Innovation Walk, Room 347
Human Pathology	<b>HUP3990</b>	Dr Simon Royce	x 50913	Level 6 (via reception), The Alfred Centre, The Alfred Hospital
Immunology	<b>IMM3990</b>	A/Prof Mark Wright	x 30281	Alfred Hospital, Building 250, Room 2U29
Microbiology	<b>MIC3990</b>	Dr Sheena McGowan	x 29309	19 Innovation Walk, Room 137
		Prof Dean Lyras	x 29155	19 Innovation Walk, Room 152
Pharmacology	<b>PHA3990</b>	Dr Jane Bourke	x 55197	9 Ancora Imparo Way, Room 112
		Dr Elizabeth Davis	x 55755	9 Ancora Imparo Way, Room 123
Physiology	<b>PHY3990</b>	Prof Marcello Rosa	X 52522	26 Innovation Walk, Room 114
		Dr Tomris Mustafa	x 52505	26 Innovation Walk, Room 133
		Nicole Bodenstaff	x 59802	23 Innovation Walk, Reception
Other	<b>BMS3990</b>	A/Prof Dragan Ilic (SPHPM)	85722637	School of Public Health & Preventive Medicine, L6, The Alfred Centre, Alfred Hospital
		Dr Jim Harris (Hudson Institute, MHTP-MMC)	857 22579	Department of Medicine, School of Clinical Sciences At Monash Health, Monash Medical Centre

BMS3930 units student please contact the school coordinator (Dr Shae-Lee Cox) to sign off on the application.

### How to apply

1. Find a supervisor and research project. Your departmental convenor will be able to assist with this process.
2. Complete this application form.
3. Seek permission from the unit convenor to apply. Applications without signatures from the unit convenor will not be processed.

### How to Enrol

Bachelor of Biomedical Science (including BMSAdv Hon, BMS(Scholars)) students

- You will need to return this form to [biomed@monash.edu](mailto:biomed@monash.edu) or the reception desk at 23 Innovation Walk.

- You may also need to fill in an enrolment amendment form.

#### Bachelor of Science students

- You will need to complete this form and hand it to the Unit Convenor.
- You will also need to complete the Faculty of Science “Permission to enrol in a Science Research Project/Special topics unit” form. This form will need to be lodged with the Faculty of Science.
- You may also need to fill in an enrolment amendment form.

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.

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

You will be required to attend compulsory training sessions in week 0 of the semester in which you will be undertaking this unit. You will be unable to undertake the unit if you do not attend these sessions. Information about the sessions will be emailed to your Monash student account or can be obtained from the School Co-ordinator.

**Application closing dates****Semester 1: 16th February 2018****Semester 2: 13th July 2018****Summer A: 6th October 2017****Section 1: To be completed by applicant**

Student ID Number: \_\_\_\_\_ Course: \_\_\_\_\_

Family Name: \_\_\_\_\_ Title: \_\_\_\_\_

Given Names: \_\_\_\_\_

Student email address: \_\_\_\_\_ Tel: \_\_\_\_\_

Enrolment period  
Semester 1  Semester 2  Summer A Please note you can only enrol in one 3990 per semester.  
Not all units offer Summer A, please check with unit convenor.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Project title: \_\_\_\_\_

Location of project: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Supervisor to complete**

1. I have discussed this project with the student, and
2. I have agreed to supervisor the student on this project

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Co-Supervisor to complete***(necessary if Primary Supervisor is off-campus or will be absent for any part of the semester)*

1. I have discussed this project with the student, and
2. I have agreed to supervisor the student on this project

Co-Supervisor  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

**Departmental Convenor 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 for the above project

Name: \_\_\_\_\_

Convenor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### PERMISSION TO ENROL IN A SCIENCE RESEARCH PROJECT / SPECIAL TOPICS UNIT

<b>Student ID Number</b>	
<b>Course Name</b>	<b>Course Code</b>
<b>Surname</b>	<b>Given Names</b>
<p>To enrol in the research project/special topics unit students will also need to complete an enrolment amendment form.</p> <p><input type="checkbox"/> I understand that it is my responsibility to ensure that my unit selection is correct and in accordance with course requirements and major / minor sequence requirements.</p>	
<b>Student's Signature</b> _____	<b>Contact Number</b> _____
<b>To be completed by the RESEARCH PROJECT / SPECIAL TOPICS UNIT CO-ORDINATOR</b>	
<b>Unit Code</b>	<b>Semester: one / two / summer</b> <b>Year: 20__</b>
<b>Unit Title</b>	
<b>Name of Project</b>	
<p>This is to certify that I am the coordinator for this unit, and that the above named student has been given permission to undertake the science research project/special topics unit specified above.</p> <p>Name of supervisor: _____</p> <p>Which of the following will this unit be counted towards?</p> <p><input type="checkbox"/> <b>Major</b>                      <input type="checkbox"/> <b>Minor</b>                      <input type="checkbox"/> <b>Elective</b>                      <input type="checkbox"/> <b>Other</b></p>	
<b>Unit Coordinator Name</b>	<b>Extension</b> _____ <b>Date</b> __/__/__
<b>Unit Coordinator Signature</b>	

