NB: It is the responsibility of the student to complete this form with their supervisor and submit it to the Undergraduate Administrator for Biochemistry, Ruth Hill-Lapensee, room, 209A Nesbitt Bldg., three (3) business days prior to the last day of registration for each term (fall, winter & summer)

Notice of Collection
The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990 c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact Laura Thomas, FIPPA Representative for the Department of Biology & Biochemistry, 208 Nesbitt Building, Carleton University, 1125 Colonel By Drive, Ottawa, ON K1S 5B6, Tel: 613-520-3892.

Student’s name:_________________________Student #:_________________
Local Phone number:__________________Connect e-mail:_____________________
Note: Connect e-mail is the primary means of communication to students.

**Note: Your supervisor or at least one co-supervisor MUST be a member of the Institute of Biochemistry.

Supervisor’s name(print please):______________________________________________
Phone:________________________________Email:______________________________
Co-Supervisor (if applicable) Signature:________________________________________
Phone:________________________Email:_______________________________________
Topic:______________________________________________________________
Brief description of the work to be done and grading method to be used:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Student’s signature:_________________________________________________________{
Supervisor’s signature:________________________________Date:________________