CARLETON UNIVERSITY
INSTITUTE OF BIOCHEMISTRY
BIOCHEMISTRY 4907/4908 PROJECT PROPOSAL FORM(circle one)

Fall/Winter Session:_______ Year:_______

Summer Session:_______ Year:_______

The student and supervisor should complete this form and hand it in to the Undergraduate Administrator, Ruth Hill-Lapensee in room 209A Nesbitt Bldg., by the last Friday in September for the Fall/Winter Session and by the last Friday in June for the Summer Session. Your supervisor or at least one co-supervisor MUST be a member of the Institute of Biochemistry.

STUDENT NAME:___________________________STUDENT NO:_______________

ADDRESS:____________________________________________________________

PHONE NO:______________________

E-MAIL ADDRESS:________________________________(Students should check their Carleton Connect e-mail account regularly for course-related information)

SUPERVISOR: (print please)_____________________(signature)__________________

(If your Co-Supervisor is off-campus, please ensure that you complete the full contact information below):

LOCATION OF OFF-CAMPUS CO-SUPERVISOR:_____________________________

EMAIL ADDRESS OF OFF-CAMPUS CO-SUPERVISOR:_________________________

TELEPHONE NUMBER OF OFF-CAMPUS CO-SUPERVISOR:_____________________

CO-SUPERVISOR (print please)_________________________Date:____________

CO-SUPERVISOR SIGNATURE:__________________________________

PROPOSED ADVISOR 1:_______________________________________________

PROPOSED ADVISOR 2:_______________________________________________

PROJECT TITLE:_____________________________________________________

BRIEF DESCRIPTION: attach a separate sheet please