Application for Permission
MOLECULAR BIOLOGY 4XX3

Please print
Student Name __________________________________________ Student No. _______________________

E-mail address ____________________________________________________________________

Signature ________________________________________ Date ___________________________

I am entering Level _______ of the _____________________________________________ Program.

Please include a paragraph detailing the reason you wish to take this course:

Please complete the above information and submit this request for permission slip to Rebecca Woodworth, Biology, LSB-215/C by March 31st. Please include a copy of your Grade Report.

MOLECULAR BIOLOGY 4XX3 WORKSHOP IN MOLECULAR GENETICS
An intensive two week laboratory/lecture course. Topics covered will include scientific reasoning, ethics, technology transfer, molecular genetics techniques, techniques used in cell culture and gene expression studies.
NOTE: Course will consist of two weeks of laboratory instruction, seminars and workshops. To be held the first two weeks of May.

Prerequisite: BIOLOGY 2EE3; and registration in Honours Molecular Biology and Genetics or Honours Molecular Biology and Genetics Co-Op; and permission of the instructor. Application for permission must be received by March 31st of the academic year prior to registration. If not already completed, HTH SCI 1BS0 must be done prior to the first lab.
Antirequisite: BIOLOGY 4XX3 – Enrollment is limited.

COMPLETE THE FOLLOWING ONLY IF APPLICABLE TO YOUR SITUATION:

I have applied for an NSERC USRA for the summer. Should I be awarded, and be accepted in MOL BIO 4XX3, my prospective supervisor is aware and agrees that I will begin the NSERC award on the Monday immediately following the completion of the course.

__________________________    ________________________    _________________________
Printed name of prospective supervisor              Signature   Date

I am working in a lab at McMaster University for the summer. Should I be accepted into MOL BIO 4XX3, my prospective supervisor is aware and agrees that I will begin employment on the Monday immediately following the completion of the course.

__________________________    ________________________    _________________________
Printed name of prospective supervisor              Signature   Date

The information gathered on this form is collected under the authority of The McMaster University Act, 1976. The information is used for the academic, administrative, and statistical purposes of the Department of Biology including, but not limited to, maintaining records; academic counseling and the administration of examinations. Personal student information provided on this form will not be used for any unrelated purpose without the consent of the student. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the Manager of Instructional Programs, Department of Biology, McMaster University.