

MIMM496 / 497 Microbiology Advanced Research Project Proposal Form

Complete Sections A-D (Professor, student + Coordinator = Greg Marczyński)

Bring or email/PDF this signed completed form Greg Marczyński for review and approval.

Section A (The professor)

Professor:

Email:

Supervisor's department = Microbiology and Immunology

Course number: MIMM 496 (Microbiology) or MIMM497 (Immunology)

Section B (The Project)

1st Term

2nd Term

Project start date:

Start date:

End date:

Project end date:

Project title:

Project description:

MIMM496 / 497 Microbiology Advanced Research Project Proposal Form

Section B -continued

Ethics, safety and training.

Which of the following, if any, are involved with this project?

Animal subjects []

Human subjects []

Biohazard substances []

Radioactive Materials []

Handling Chemicals []

Using Lasers []

Section C (The student)

Student name:

McGill ID:

Email:

Phone:

Program: B. Sc. Major Microbiology and Immunology

Level (U2/U3):

Student's signature:

Section D (The Coordinator and supervisor's approvals)

Supervisor, " I give my permission for the student identified in section C to register for this project under my supervision."

Supervisor's signature:

Date:

Course coordinator, " I certify that this project conforms to departmental requirements for 496 / 497 courses."

Coordinator's signature:

Date:

Gregory T. Marczyński, Ph.D.

Associate Professor

(Microbial physiology/Genetics)

McGill University Department of Microbiology and Immunology

X3917

gregory.marczynski@mcgill.ca

<http://www.mcgill.ca/microimm/department/professors/marczynski/>