

Microprogram in Biomanufacturing Application

STUDENT IDENTIFICATION		
SURNAME	GIVEN NAMES	STUDENT NUMBER
EMAIL	ACADEMIC UNIT / DISCIPLINE	MASTERS PH.D.
FIRST TERM OF ENROLMENT <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING /SUMMER	YEAR 	

How will this microprogram impact you in your long-term career path? (Max 500 words)

- I hereby agree to pay the fees arising from this registration and recognize that I shall remain indebted of any unpaid fees unless I inform my academic unit in writing (letter appropriate form) of my intent to cancel my registration prior to the deadline for full refunds.
- I certify that the above information is true and complete, including my declaration of citizenship and status in Canada. Any false declaration on my part will result in the cancellation of my registration. I agree to abide by all regulations of the Faculty of Graduate and Postdoctoral Studies and of the University of Ottawa.

SIGNATURE

DATE