Registration Form for the Biomedical Science Research Project and Seminar (2024-2025)

Full name: ______________________________ Student number: ______________________
E-Mail: ______________________________ Signature: ______________________________ Date: _____________

Please select your project by checking the appropriate box:

- BIM4009 (9 units) ☐ (Full year - Fall and Winter project)
- BIM4006 (6 units) Fall ☐ or Winter ☐ (1 term project)

BIM4006 aims to accommodate students in the co-operative education program who for exceptional reasons cannot complete an Honours project over two consecutive terms.

Minimum CGPA: 6.0 or Minimum GPA: 6.0 (last 54 completed units)

Honours Research Project Title: ______________________________________________________

For supervisor use (project approval)

I have supervised an undergraduate science student from uOttawa in the past 5 years? Yes ☐ No ☐

Name of supervisor: ______________________________ Supervisor's email: ______________________________
Signature: ______________________________

Reminder for project supervisors: By singing above, I agree to attend the annual poster session in the spring, where I will evaluate and provide grades for about two posters per student supervised.

BIM Seminar Registration (BIM4920 (Fall) / BIM4921 (Winter))

Please select your top two choices. Students must register to the same section for both terms

A. Neurosciences (Fall) / Neurosciences and Development (Winter)
B. General topics
C. General topics
D. Human Toxicology (Fall) / General topics (Winter)
E. General topics (Bilingual)

1st choice: ______ 2nd choice: ______

Section E – Bilingual Seminar: Language of instruction is French but you may present in either French or English.

Important registration information: Registration for projects and seminars will start in June once registration for courses is open. Due to the large quantity of submissions, it may take several weeks before your request is processed. You will receive an email confirmation once your registration is completed.

Faculty Advisor signature: ______________________________ Date: _____________