

***All users must download and save this form to your desktop prior to entering any information**

All users must use Adobe Acrobat Reader DC to complete this form. You cannot use a browser or Apple Preview*

STEP 1 - HTHSCI THESIS PERMISSION FORM

*This form must be submitted in order to receive permission to register. **Save a copy of this form for your records.

COURSE (PLEASE SELECT ONE)	Will registration in this course cause you to exceed the maximum of 18 units allowed of project/thesis courses in level 4?		YES	NO
STUDENT NAME: <small>First Name</small> <small>Last Name</small>	STUDENT #: <small>Must be 9 digits</small>	STUDENT EMAIL:		

LEVEL (PLEASE CHECK ONE)	LEVEL 2	LEVEL 3	LEVEL 4
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PROGRAM (SELECT ONE)	CORE	CHS	GHS	BMS	OTHER
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SUPERVISOR INFORMATION

PRIMARY SUPERVISOR NAME: <small>First Name</small> <small>Last Name</small>	SUPERVISOR AFFILIATION & ADDRESS: <small>Supervisor Department</small> <small>Supervisor Institution</small> <small>Select Supervisor Position</small> <small>If "Other" is selected, please specify.</small> <small>Supervisor Address</small>
SUPERVISOR EMAIL:	
SUPERVISOR PHONE:	
ADDITIONAL SUPERVISOR(S) (if applicable):	

PROJECT LOCATION:	PROJECT TYPE:
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TERM and YEAR: <small>Select term and year in which project will be completed</small>	THESIS TITLE & TOPIC AREA: <small>Project Title</small> <small>Project Topic Area</small>
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PROJECT START DATE:	PROJECT END DATE:
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PRELIMINARY THESIS DESCRIPTION

Thesis Descriptors - Select ALL that apply to your project course work:			
Systematic Review	Literature Review	Scoping Review	Meta-Analysis
Laboratory	Clinical Data	Includes Animals	Includes Human Subjects
Interaction with patients in a clinical setting or as research subjects <i>*in-person ONLY</i>			

STEP 1 SUBMISSION

For Students:

Prior to submitting this form to your supervisor for approval, you must ensure that you save the file to your computer. The filename must include the course code, the step, and the student's first and last names, such as: **coursecode_S1_lastname_firstname.pdf** (e.g. **4A09_S1_Ritz_Stacey.pdf**). Your supervisor must then submit this form on your behalf to the BHSc program.

For Supervisors:

By clicking the submit button (below), I, the supervisor, confirm that the information on this form is accurate as per the details of the thesis course work the student will complete. Any changes made to the thesis course work throughout the duration of the course must be brought to the attention of the BHSc Office via email. As a supervisor, I also confirm that I have reviewed and approved the project course content, and I agree to supervise the student for the above described thesis course.

Once the information on this form is approved, as the supervisor, you must click on the red submit button to email this form to the BHSc office for review. Electronic submission of this HTH SCI project course form is done in lieu of a supervisor signature. By submitting this form, you are confirming approval of the thesis course content, evaluation criteria, and ethics requirements.

PLEASE NOTE:

If clicking the send button does not automatically open an email with the form attached, please send this form as an attachment to:

Step_1_.cxpbq69qhu46k8q6@u.box.com

OFFICE USE ONLY

DATE OF REVIEW

REVIEW NOTES (select an option or enter custom text)

Forms Review:

Notice of Collection:

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 Faculty of Health Sciences BHSc Program including, but not limited to, maintaining records; academic counselling 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 Associate or Assistant Dean, Faculty of Health Sciences BHSc Program, McMaster University.