

Date form received:

Course #: MMI 498  
Course Name: Research Project – Infection + Immun.  
Instructor: Dr. Troy Baldwin  
Room No.: 625 HMRC  
Phone No.: 492-7553  
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**Department of Medical Microbiology and Immunology**

**CONSENT FORM**

**Student's Name:** \_\_\_\_\_ **I.D. No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Student's email:** \_\_\_\_\_

**Are you eligible to enroll now?**  **If not what is your enrollment date?** \_\_\_\_\_  
(Date Eligible to Register)

**Project Supervisor:** \_\_\_\_\_

**Supervisor's EMAIL address:** \_\_\_\_\_

**\*\*\*IMPORTANT\*\*\***

**Academic Career:** Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

**Course Section:**

<b>Fall</b>	<b>1450</b>	<b>Lab</b>	<b>A1</b>	<b>Class No: 43927</b>
<b>Winter</b>	<b>1460</b>	<b>Lab</b>	<b>B1</b>	<b>Class No: 64676</b>

**Project Supervisor:** \_\_\_\_\_

**Action Reason:** **Enroll** \_\_\_\_\_ **Drop** \_\_\_\_\_ **Swap** \_\_\_\_\_

**Consent:**

\_\_\_\_\_  
**Course Coordinator**

***NOTE TO STUDENT:***

You must be eligible to register (see the date on your U of A registration letter) before we can register you in this course. After obtaining consent from Course Coordinator, please take this form to Room 6-020 Katz Building, for departmental processing of your enrollment.