

Date Form Received:

Course #: **MMI 499 A & B**
Course Name: Research project – Infection + Immun.
Instructor: Dr. Troy Baldwin
Room No.: 625 HMRC
Phone No.: 492-7553
E-mail: tbaldwin@ualberta.ca

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: _____ Signature: _____

Supervisor's EMAIL address: _____

**** IMPORTANT ****

Academic Career: Undergraduate: _____ Graduate: _____

Course Section:

Fall	1450	Lab	C1	Class No: 43925
Winter	1460	Lab	C1	Class No: 64674

Term:

Fall - 1450

Winter - 1460

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 signatures from the Project Supervisor and Course Coordinator, please take this form to Room 6-020 Katz Building, for departmental processing of your enrollment.