



Please submit completed forms to the SCMB Administration Office, Level 3, Chemistry Building (68) prior to the end of week one in the semester you are enrolled. Once your form is handed in and approved by the Course Coordinator, you will be able to enrol in your course via mySI-net. **Please note this is not an enrolment form.**

PERSONAL DETAILS

First Name:		Student ID Number:									
Last Name:											
UQ Student Email:						Mobile Number:					
Semester:			Year:			Program:					
Have you previously completed one or more project courses within your undergraduate program? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If you indicated 'yes' above list course code(s):											
Signature..... Date.....											

PROJECT SUPERVISOR: Supervisors must appoint two Examiners to mark the poster presentation and research report.

First Name:		Last Name:	
Email:		Phone Number:	
School/Institute:			
Project Title:			
<input type="checkbox"/> I agree to supervise the above student and to supply a mark for their laboratory performance no later than 4PM / / . <input type="checkbox"/> I confirm I will not be absent for more than two weeks or if I am temporarily absent I have confirmed the following academic or senior post-doc will act as co-supervisor in this project: _____. <input type="checkbox"/> I confirm the examiners I have nominated below are independent of my research group (including recent collaborations within the past three years) and are of sufficient seniority and experience to make an assessment of the student.			
Signature.....		Date.....	

EXAMINER 1: Examiner is required to be involved in the marking of the student's poster presentation and research report.

Name of Examiner:		School/Institute:	
Email:		Phone Number:	
<input type="checkbox"/> I agree to attend and assess this student's poster presentation on / / . <input type="checkbox"/> I agree to supply a mark for the student's research report no later than 4PM / / . <input type="checkbox"/> I confirm I have had no recent collaborations (within the last three years) with the supervisor, I am not part of the supervisor's research group and I am of sufficient seniority and experience to make an assessment of the student. <input type="checkbox"/> I confirm I am not already examining more than two SCIE3260/1 students this semester.			
Signature.....		Date.....	

EXAMINER 2: Examiner is required to be involved in the marking of the student's poster presentation and research report.

Name of Examiner:		School/Institute:	
Email:		Phone Number:	
<input type="checkbox"/> I agree to attend and assess this student's poster presentation at / / . <input type="checkbox"/> I agree to supply a mark for the student's research report no later than 4PM / / . <input type="checkbox"/> I confirm I have had no recent collaborations (within the last three years) with the supervisor, I am not part of the supervisor's research group and I am of sufficient seniority and experience to make an assessment of the student. <input type="checkbox"/> I confirm I am not already examining two or more SCIE3260/1 students this semester.			
Signature.....		Date.....	

COURSE COORDINATOR APPROVAL

Signature.....		Date.....	
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