## School of Chemistry & Molecular Biosciences APPLICATION FOR ADMISSION

Bachelor of Biotechnology (Honours) - Program Code 2375



## INSTRUCTIONS

- This form is for use by all students enrolling in the 4<sup>th</sup> year of the Bachelor of Biotechnology (Honours) commencing in either Semester 1 or Semester 2.
- Semester one commences 3 weeks prior to the start of semester in the standard academic calendar. Semester two commences at the start of the standard academic calendar.
- Applications may be made at any time up until the official start date, but preferably before 20 January for students commencing Semester 1 and by 30 June for students commencing in Semester 2.
- Please lodge this application form electronically <a href="mailto:enquiries@scmb.uq.edu.au">enquiries@scmb.uq.edu.au</a> or in person at Reception, School of Chemistry & Molecular Biosciences, Level 3, Chemistry Building (68).

Biosciences, l	Level 3	, Chem	nistry	Building	g (68).															
1. STUDENT [	DETAIL	LS																		
Given Names													Stude Numb							
Family Name																Title				
Email (Non-UQ)													obile Ph ımber	none						
Application Year (Year starting Hone	ours)									mme mest	encing er	Se	mester	1			Sem	nester 2		
2. PROPOSED	SUPE	RVISI	ON - Y	You mu	st discı	uss you	ur appl	ication	with a	pote	ential sup	erviso	r BEFO	RE sub	mitti	ing this	form			
The principal supe of the School; or ( group leader is de	ervisor (c) a He	must l ead of	be a r Scho	esearch ol-appi	n grou roved	ıp lead emplo	der who	o is eit of a res	her (a search	a st inst	aff mem	nber of indust	the Sory. For	chool; r staff	; (b) a mer	an offic mbers	ial affi and af	ffiliates,	a res	earch
1. Principle Sup	oerviso	r																		
Organisation																				
Phone Number									Ema	il										
UQ Supervisor Sign	nature																			
2. Co - Supervis	sor																			
Organisation																				
Phone Number									Ema	il										
Project Title (put to	entativ	e titles	if nec	essary)																
Supervisor to indicate - is this an Industry collaborative/Industry related project?												Yes		N	0					
If Yes - Company/I	nstitute	e name	2:																	
3. PROPOSED	) INDL	JSTRY	SUPE	RVISIO	N - Yo	ou mus	st discu	iss youi	r applic	ation	ı with a	potenti	al supe	ervisor	BEF	ORE sul	omittin	g this fo	rm	
Industry Superviso	or																			
Organisation																				
Phone Number											Email									
Industry Supervisor Signature																				
4. SIGNATURE OF APPLICANT																				
Signature of Stude	ent												D	ate						