



Please submit completed forms to the SCMB Administration Office, Level 3, Chemistry Building (68) or electronically (enquiries@scmb.uq.edu.au) prior to the Friday before week one of 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.**
Any forms without supervisor/examiner signatures will not be accepted.

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 by the due date. <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 that I am not supervising more than two students enrolled in SCIE3260/SCIE3261. <input type="checkbox"/> I confirm the examiners I have nominated below are: NOT members of my research group (e.g. not current postdoctoral researchers or Fellowship holders directly associated with my group), NOT currently collaborating with my group directly on the project the student will be undertaking or are in any other way associated with the project and of sufficient seniority and experience to make an assessment of the student. <input type="checkbox"/> This project is commercially sensitive (you will be contacted so that suitable arrangements can be made for the student to meet the course learning outcomes)			
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. <input type="checkbox"/> I agree to supply a mark for the student's research report by the due date. <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/SCIE3261 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. <input type="checkbox"/> I agree to supply a mark for the student's research report by the due date. <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/SCIE3261 students this semester.			
Signature.....		Date.....	

COURSE COORDINATOR APPROVAL

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