# Chemistry and Biochemistry

## 4th Year Thesis Project Course

### Application Form

Completed forms to be submitted to the Department of Chemistry Office – CSB D105 or by email ([chemistry@trentu.ca](mailto:chemistry@trentu.ca)) by September 13th.

[Please refer to the 4th year project course webpage for more information](https://www.trentu.ca/chemistry/experience/undergraduate-research-thesis).

**Student Name:** Click here to enter text.

**Student Number:** Click here to enter text.

**Trent Student Email address:** Click here to enter text.

**Project Title/Topic:** Click here to enter text.

Check the course number in which you wish to enroll:

* **CHEM 4010Y** – (1.0 Credit Project Course in Chemistry)
* **CHEM 4020D** – (2.0 Credit Project Course in Chemistry)
* **CHEM 4030Y** – (1.0 Credit Project Course in Biochemistry)
* **CHEM 4040D** – (2.0 Credit Project Course in Biochemistry)

Notes:

* An overall average of 75% in previous Chemistry courses and permission of the project coordinator are prerequisites for CHEM 4010Y and CHEM 4020D.
* An overall average of 75% in previous Chemistry and Biology courses and permission of the project coordinator are prerequisites for CHEM 4030Y and 4040D.

Student Signature:

Date: Click here to enter text.

Supervisor Name: Click here to enter text.

Supervisor Signature: Click here to enter text.

Date: Click here to enter text.

Co-supervisor Name (if applicable): Click here to enter text.

*Office Use Only:*

Project Coordinator Signature: Click here to enter text. Date: Click here to enter text.

CONSENT:

I hereby give Trent University consent to the disclosure and/or use of my name, program and project title/topic in the promotion of the 4th year project course:

Date: Click here to enter text.

Name: Click here to enter text.

Telephone: Click here to enter text.

Signature: Click here to enter text.

PHOTO/IMAGE RELEASE AND WAIVER:

I hereby give Trent University, its assigns, licensees and legal representatives the irrevocable right to use my name/photograph/image/audio recording/video recording/ and likeness (“My Image”) in all forms and manner including but not limited to publication on Internet Web Sites, broadcasts and any other publications as released to or by Trent University. I understand that Trent University cannot control unauthorized use of My Image by persons not associated with Trent University once My Image has been published. I hereby forever waive any right to inspect or approve any publication of My Image by Trent University. I have carefully reviewed and understand the above provisions and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

Date: Click here to enter text.

Name: Click here to enter text.

Telephone: Click here to enter text.

Signature: Click here to enter text.

The information on this form is collected under the authority of the Trent University Act, 1963 Section 18 (3) (c) and is needed to obtain your consent for the use of your photograph/image/audio recording. The information will be used by the Marketing & Communications Office only for the purpose of verifying that proper consent has been provided. If you have any questions about the collection, use or disclosure of this information by the University, please contact: Marketing & Communications, Trent University, 1600 West Bank Drive, Peterborough, ON K9L 0G2 telephone: (705) 748-1011, ext. 6184 or email [communications@trentu.ca](mailto:communications@trentu.ca)